

Pregnancy and Parental Status Discrimination: A Review of Career Impacts and Mitigation Strategies

Response to DACOWITS RFI 16



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Contents

Introduction	1
Chapter 1. Pregnancy Discrimination	1
A. Definition of Pregnancy Discrimination	1
B. U.S. Laws Prohibiting Pregnancy Discrimination and Supporting Pregnant and Postpartum Women in the Workplace	2
C. DoD Policy on Pregnancy Discrimination.....	3
D. Prevalence and Reporting of Pregnancy Discrimination	4
E. Strategies Businesses Use to Mitigate and Reduce Pregnancy Discrimination and Bias	5
Chapter 2. Career Impact of Pregnancy, Postpartum, and Parenting Status	7
A. Career Impact of Pregnancy.....	7
B. Medical and Mental Health Complications Experienced by Pregnant and Postpartum Women.....	10
Chapter 3. Initiatives, Resources, and Support for Family Planning in the Workplace	12
A. Unpaid and Paid Family Leave	12
B. Planning for Pregnancy: Fertility Benefits	14
C. During Pregnancy: Light Duty and Disability Accommodations	15
D. Support for Postpartum Women	16
Chapter 4. Abortion Access and Availability for Recruitment and Retention of Women in the Workforce	20
A. Abortion-Related Employment Benefits From U.S. Employers	20
B. Recruitment and Retention Advantage of Abortion Access and Benefits.....	20
C. Abortion and Contraception Access in Foreign Militaries	21
Chapter 5. Conclusions and Implications.....	22
References	24
Appendix A.....	A-1
Appendix B.....	B-1

Figures

Figure 1. Percentage of Women Working During Their First Pregnancy by Age, Race and Hispanic Origin, and Educational Attainment: 2011–2019	8
Figure 2. Percentage of Labor Force Participation for Women Aged 15 to 50 With a Birth in the Last 12 Months, by Educational Attainment Level	9

Introduction

The Defense Advisory Committee on Women in the Services (DACOWITS) requested a literature review on pregnancy discrimination. The Committee was particularly interested in (1) pregnancy discrimination in the civilian workplace, including its prevalence and successful strategies businesses employ to reduce discrimination; (2) career impacts of pregnancy, with a specific focus on medical and mental health complications pregnant and postpartum women experience; (3) initiatives, resources, and other support programs surrounding the family planning process (e.g., those planning to become pregnant, during pregnancy, postpartum) that have shown promise and enhance retention; and (4) the relevance of abortion access and availability to the recruitment and retention of women in the workforce. The Committee also requested relevant information on foreign militaries and foreign military practices related to pregnancy discrimination, mitigation of career impacts of pregnancy, and abortion access. Appendix A contains the official request for information from DACOWITS.

Chapter 1 establishes the legal definition of pregnancy discrimination, outlines U.S. Government and U.S. military policies, reviews research on the prevalence of pregnancy discrimination, and identifies successful strategies businesses use to reduce pregnancy discrimination.

Chapter 2 discusses the broad impacts of pregnancy and pregnancy-related medical and mental health complications on women's career progression or retention.

Chapter 3 reviews initiatives, resources, and support for family planning. This chapter focuses primarily on the civilian workplace, with additional information on U.S. and foreign militaries.

Chapter 4 presents an overview of abortion access in the United States and reviews abortion and employment benefits related to abortion access in the United States. This chapter also provides information on abortion access in foreign militaries.

Chapter 5 concludes with a synthesis of the research and information on pregnancy and pregnancy discrimination presented in this literature review and outlines implications for the U.S. military.

The research and information in this literature review are current as of August 26, 2022.

Chapter 1. Pregnancy Discrimination

Bottom Line Up Front

- Pregnancy discrimination involves the unfair treatment of women as a result of their pregnancy or parenting status or a medical condition related to pregnancy or childbirth.
- The Pregnancy Discrimination Act (PDA) of 1978 prohibits discrimination based on pregnancy for all aspects of employment. Other U.S. laws support pregnant and postpartum women in the workplace.
- The Department of Defense (DoD) updated its discrimination policy in 2020 to explicitly include pregnancy as a form of prohibited discrimination.
- Pregnancy discrimination is likely underreported, and women experience pregnancy discrimination in every industry.
- The U.S. Equal Employment Opportunity Commission (EEOC) offers a range of best practices to reduce pregnancy discrimination, including hiring processes, training and education for managers, company policies, and handling complaints.

This chapter provides a high-level overview of pregnancy discrimination in the United States, including its definition, a review of applicable laws and policies prohibiting such discrimination, information on prevalence and reporting rates, and identification of best practices for employers to reduce pregnancy discrimination.

A. Definition of Pregnancy Discrimination

The EEOC protects employees from discrimination in the workplace, such as unfair treatment or harassment because of race, color, religion, sex, national origin, disability, age, or genetic information. Sex-based discrimination includes unfair treatment based on pregnancy status, gender identity, and sexual orientation. Employment discrimination also includes the denial of reasonable workplace accommodations, improper questions or disclosure of medical information, and retaliation for reporting workplace discrimination.¹ The EEOC distinguishes pregnancy discrimination and pregnancy harassment:²

- ▶ **Pregnancy discrimination** is the discrimination of a woman as a result of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. Discrimination can be toward applicants or current employees.
- ▶ **Pregnancy harassment** involves the persecution and pestering of women about pregnancy, childbirth, or a medical condition related to pregnancy or childbirth that create a hostile work environment or result in adverse employment actions such as demotion or firing.

Women can face pregnancy discrimination before they are or intend to become pregnant. For example, it is illegal for hiring managers or supervisors to make employment-related decisions based on the perception that women might become pregnant.³

B. U.S. Laws Prohibiting Pregnancy Discrimination and Supporting Pregnant and Postpartum Women in the Workplace

The U.S. Government affords legal protections against pregnancy and pregnancy-related discrimination through the PDA, Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), and the Fair Labor Standards Act (FLSA). States, counties, and cities may have additional protections to guard workers against pregnancy discrimination.

1. The Pregnancy Discrimination Act of 1978

The PDA prohibits discrimination based on pregnancy and applies to all aspects of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training, fringe benefits (such as leave and health insurance), and any other term or condition of employment.⁴ PDA's Federal protections apply to women who are pregnant, have been pregnant, or may become pregnant and are employed by organizations with 15 or more employees.⁵

Under the PDA, employers cannot refuse to hire a woman because of her pregnancy status if she is able to perform the primary responsibilities of an available position. Pregnant employees must be permitted to work if they can perform their jobs, and employers cannot force women to go on leave during their pregnancies. If employers require medical clearance to perform certain aspects of a job, pregnant employees must be treated in the same manner as employees with other medical conditions.⁶

Benefits offered to employees, such as disability leave, must allow an employee who is temporarily disabled because of pregnancy the same benefit. If a pregnant employee cannot do her job because of pregnancy, she must be offered similar accommodations as other temporarily disabled employees, such as light duty, modified tasks, alternative assignments, disability leave, or leave without pay. Employer-provided health insurance must cover expenses for pregnancy-related conditions similar to other medical conditions. Insurance coverage for abortions is not required, except in cases where the life of the mother is endangered or medical complications arise from an abortion. Employers' insurance must provide the same benefits to spouses regardless of the employee's gender.⁷

If employees are provided benefits while on medical leave, those same benefits must be provided for a worker on leave for pregnancy-related conditions. For example, earnings, seniority status, vacation, and benefits should accrue for pregnant workers in the same manner as for other employees taking medical leave.⁸

While the PDA provides essential protections from pregnancy discrimination, some feel it does not go far enough. Scholars and advocates have been working to see the Pregnancy Workers and Fairness Act become law for nearly 10 years.⁹ This proposed act, passed by the House in 2020, would expand and strengthen employer requirements to provide reasonable accommodations for applicants and workers because of pregnancy, childbirth, and medical related conditions. Proponents of this bill believe it would improve access to workplace accommodations, which can be difficult to obtain under the PDA and other laws.^{10, 11, 12} Although the status of the Pregnancy Workers and Fairness Act remains unclear moving forward, some States and cities have passed similar legislation to increase protections for pregnant workers in their jurisdictions.¹³

2. Americans With Disabilities Act

Medical conditions resulting from pregnancy may qualify as a disability under the ADA and can be afforded legal protections in the same way as other ADA disabilities. Pregnancy itself is not defined as a disability under the ADA. Examples of pregnancy-related medical conditions or impairments that may qualify include gestational diabetes, preeclampsia, pregnancy-related sciatica, and carpal tunnel syndrome. Workers experiencing these conditions must follow ADA procedures to establish these issues as a disability. Most pregnancy-related medical conditions and impairments are temporary, and therefore, workers would have a temporary disability status.^{14, 15}

3. The Family and Medical Leave Act

FMLA of 1993 entitles employees to take unpaid leave for medical reasons with continued health insurance coverage and job protection.¹⁶ This law provides eligible employees¹ up to 12 weeks of job-protected unpaid leave within a 12-month period for caregiving situations, including the birth and care of a child under age 1 and placement of an adopted or foster care child within 1 year of placement.¹⁷

4. The Fair Labor Standards Act

FLSA outlines policies on lactation and nursing breaks for new mothers. Employers are required to provide reasonably timed breaks for women to express breast milk for 1 year after the birth of their child and a private place besides a bathroom for expressing milk.¹⁸ Businesses with fewer than 50 employees are not required to provide these accommodations if it would impose hardship on business operations, and businesses are not required to compensate employees for these breaks.¹⁹

C. DoD Policy on Pregnancy Discrimination

DoD updated its discrimination policy in 2020 to explicitly include pregnancy as a form of prohibited discrimination. Previously, the Department only prohibited unlawful employment discrimination based on pregnancy for its civilian employees.²⁰ DoD Instruction 1350.02 of the DoD Military Equal Opportunity (MEO) program defines the following as prohibited forms of discrimination:

"DoD, through the DoD MEO program, will ensure that Service members are treated with dignity and respect and are afforded equal opportunity in an environment free from prohibited discrimination on the basis of race, color, national origin, religion, sex (including pregnancy)ⁱⁱ, gender identity, or sexual orientation and defines prohibited discrimination as 'Discrimination, including disparate treatment, of an individual or group on the basis of race, color, national origin, religion, sex (including pregnancy), gender identity, or sexual orientation that is not other authorized by law or regulation and detracts from military readiness.'"²¹

Although it is currently unknown how prevalent pregnancy discrimination is in the military because of the recency of this policy change, Department data on the prevalence and nature of MEO pregnancy discrimination claims will establish a better understanding of pregnancy discrimination in the military.

¹ An eligible employee is someone working at least 1 year at an organization with more than 50 employees.

ⁱⁱ Underline added for emphasis

D. Prevalence and Reporting of Pregnancy Discrimination

As with many other forms of discrimination, pregnancy discrimination is underreported, making it difficult to identify its true prevalence. Women may not report pregnancy discrimination because of a fear of reprisal, unawareness of their rights and legal protections, or lack of knowledge of discrimination reporting processes. A recent survey estimated 250,000 women are denied work accommodations related to their pregnancies each year, and around 36 percent of women who need an accommodation do not ask for one.²² These data points illustrate the challenge of identifying prevalence rates of pregnancy-related discrimination.

Women report pregnancy discrimination in every industry, but this discrimination may present differently based on industry and occupation.²³ For example, in white-collar occupations, pregnant women may be perceived as less committed to their careers and may receive fewer growth opportunities than their nonpregnant colleagues.²⁴ Conversely, in physically demanding positions, pregnant women may be discriminated against for requesting additional rest or water breaks.²⁵

1. Pregnancy Discrimination Reporting

Pregnancy discrimination charges can be filed with the EEOC or local State Fair Employment Practice Agencies.²⁶ The most common type of pregnancy discrimination reported to the EEOC between 2011 and 2015 was unjust firing, accounting for 30 percent of all charges. Other common charges of pregnancy discrimination included discriminatory terms and conditions of employment (12 percent), harassment (7 percent), and disciplinary action (nearly 5 percent).²⁷ Women also report being denied adequate accommodations while pregnant, such as access to a water bottle and more frequent breaks.²⁸ One pregnant police officer filed a charge of pregnancy discrimination with the EEOC when she was placed on unpaid leave rather than being offered light duty accommodations as a result of her pregnancy.²⁹

Charges of pregnancy discrimination vary by race and ethnicity. Nearly 57 percent of pregnancy discrimination charges filed with the EEOC were initiated by White women, who make up about 76 percent of the national female workforce. Thirty-seven percent of pregnancy discrimination charges came from Black women, who make up only 14 percent of the female working population.³⁰ Hispanic and Latina women make up about 17 percent of the female workforce and filed about 8 percent of pregnancy discrimination charges.³¹ While White women filed the highest number of pregnancy discrimination cases, Black women reported pregnancy discrimination at a much higher rate than White women in comparison to their presence in the labor force. This may be because Black women disproportionately make up the low-wage workforce where accommodations may be more necessary during pregnancy, presenting greater opportunities for discriminatory behaviors.³² Women at different intersections of race, ethnicity, and class may face compounding barriers regarding pregnancy, employment, and their experience of discrimination.³³

Most pregnancy discrimination charges occur in the health care, accommodation and food service, and retail trade industries. Analyses accounting for the percentage of women in the industry reveal that pregnancy discrimination rates are highest in the transportation and warehousing industry, wholesale trade, utilities, and manufacturing. Most pregnancy discrimination charges are alleged against managers, and research has shown a higher rate of pregnancy discrimination charges in workplaces with more male managers.³⁴

Pregnancy discrimination cases increased 67 percent from 2016 to 2020. The COVID-19 pandemic presented unique obstacles, both in revised EEOC filing procedures, which made it harder for individuals to file charges, and employer reticence to allow pregnant employees to work because of the concern about health risks.³⁵ The EEOC released guidance during the pandemic on EEOC laws and reiterated employers may not postpone a job start date or withdraw a job offer for a pregnant individual out of concern about the health risk of contracting COVID-19.³⁶

Most individuals who file discrimination charges do not receive a monetary benefit, nor are their workplaces required to institute changes. For instance, only 23 percent of pregnancy discrimination charges produced a monetary benefit, and 11 percent required a workplace change in policy or practice.³⁷

E. Strategies Businesses Use to Mitigate and Reduce Pregnancy Discrimination and Bias

Beyond compliance with Federal, State, or local laws, it is important for employers and companies to actively work against pregnancy discrimination in the workplace. During the hiring process, employers may wrongfully try to assess whether women are pregnant, have children, or plan to have children. Negative attitudes toward pregnant women can stem from employers believing that women will take advantage of their pregnancies in the workplace or that pregnancies put a cost or staffing burden on the workplace, building resentment toward women who may become pregnant, are pregnant, or are on maternity leave.³⁸ These persistent stereotypes and biases toward pregnancy and women who are mothers emphasize the need for employers to have policies and practices to mitigate and respond to pregnancy discrimination.

The EEOC offers a range of best practices for reducing incidents of pregnancy discrimination:³⁹

Hiring

- ▶ **Ensure hiring managers focus on applicant qualifications.** Hiring managers or others involved in the interview process should not ask questions about an applicant's current or future family status.
- ▶ **Identify and remove barriers to re-entry into the workforce.** Cumulative relevant experience should be evaluated in the same way regardless of whether the applicant has taken time away from the labor force.

Company Policies and Training

- ▶ **Develop, disseminate, and enforce a strong equal opportunity policy.** Ensure the policy provides clear definitions and examples, prohibits retaliation behaviors, and identifies an office or party responsible for receiving filed complaints.
- ▶ **Train and educate leaders and managers on compliance with laws and company policies.** Supervisors, managers, and others responsible for the oversight of employees must receive training and education on laws and company policies, such as flexible work policies. Leadership training can create a more positive environment for pregnant employees, potentially benefiting retention. Presenting instances that are counter-stereotypical can also foster positive attitudes and behaviors toward pregnant employees.⁴⁰

- ▶ **Continually evaluate employment policies and practices.** Company policies and practices related to hiring, promotion, compensation, benefits, and more should be reviewed and assessed to identify discrepancies or differential treatment.
- ▶ **Ensure employment decisions are well-documented and transparent.** This practice applies to decisions on hiring, promotion, performance, pay, leave, benefits, and awards.
- ▶ **Encourage and provide flexible work arrangements.** Flexible work arrangements provide the opportunity for employees to better balance their work and personal lives, even for those who are not pregnant or caring for children.
- ▶ **Provide employee work schedules as early as possible.** Employees with advanced notice of their schedule can plan better for child care or other personal responsibilities in their life to ensure less disruption with work responsibilities.
- ▶ **Provide growth opportunities to all employees, regardless of their pregnancy or child status.** Opportunities that enhance an employee's professional growth and development for promotion should be afforded to all employees equally without consideration for their sex, pregnancy status, or whether they have children.

Response to Complaints of Pregnancy Discrimination

- ▶ **Respond and investigate all discrimination complaints promptly and thoroughly.** Complaints must be taken seriously, including establishing corrective actions and additional prevention measures as needed.
- ▶ **Protect against retaliation.** Employees should feel safe reporting discrimination and be protected when they do.

Chapter 2. Career Impact of Pregnancy, Postpartum, and Parenting Status

Bottom Line Up Front

- Working mothers account for one-third of all employed women in the United States, and most pregnant women work throughout their pregnancy.
- The COVID-19 pandemic put additional strain on working mothers, some of whom took unpaid leave, reduced their hours, or exited the labor force.
- Women experience a motherhood wage penalty, while fathers experience a wage premium after having children.
- The United States has the highest rate of maternal mortality among developed nations, and women of color have the highest rates of severe medical pregnancy complications.
- Research presents mixed findings on the impact of work and/or returning to work on mother's mental health conditions.

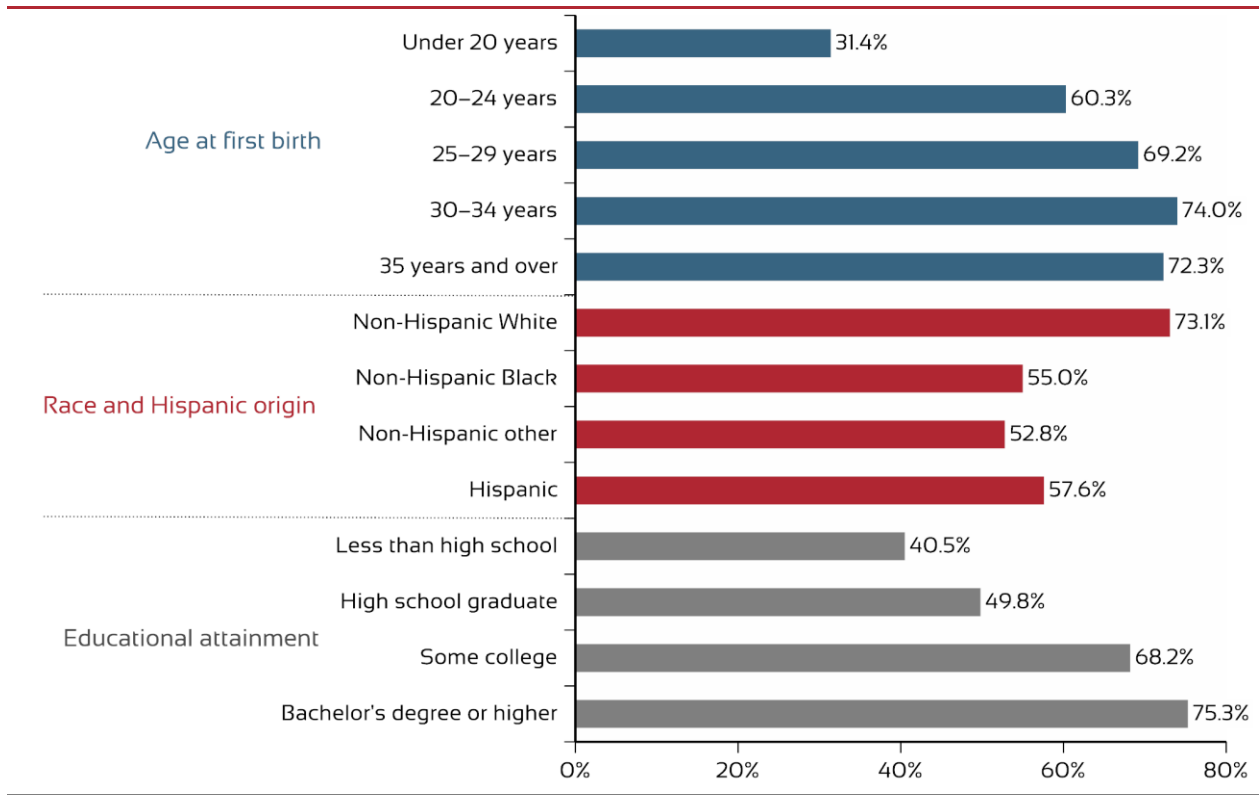
This chapter discusses the impact pregnancy and pregnancy-related medical and mental health complications can have on women's careers, including a brief overview of labor force participation among parenting women, the impact of pregnancy on women's wages, and common pregnancy-related medical and mental health complications among women in the workforce.

A. Career Impact of Pregnancy

1. Labor Force Participation

Working mothers account for nearly one-third of all employed women in the United States, and it is common for women to work during their pregnancy.⁴¹ Between 2016 and 2019, 66 percent of women pregnant with their first child worked during their pregnancy compared with only 44 percent of pregnant women in the early 1960s.⁴² Women who are White, college-educated, or in their thirties were more likely to work while pregnant with their first child (Figure 1).

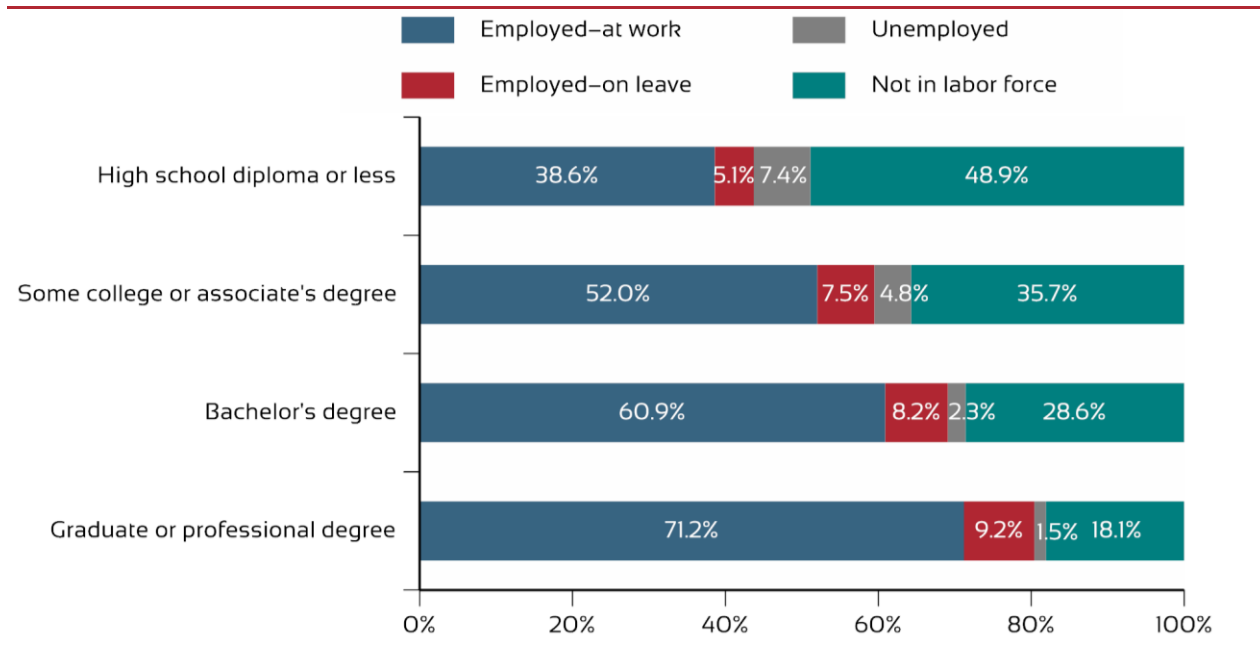
Figure 1. Percentage of Women Working During Their First Pregnancy by Age, Race and Hispanic Origin, and Educational Attainment: 2011–2019



Source: Scherer, Z. (2021) *Two-thirds of recent first-time fathers took time off after birth*. U.S. Census Bureau. <https://www.census.gov/library/stories/2021/09/two-thirds-recent-first-time-fathers-took-time-off-after-birth.html>

Pregnant women are also staying in the workplace into the later stages of their pregnancy. Eighty-two percent of pregnant women continue to work within 1 month or less of their first birth.⁴³ While it is common for new mothers to return to work after their pregnancy, a significant share exits the labor force. The female employment rate decreases by 30 percentage points within a year of motherhood.⁴⁴ The number of children also affects women’s labor force participation. Women with only one child are more likely to return to work than women who have multiple children. After the birth of the first child, each subsequent birth is associated with a decrease in labor force participation.⁴⁵ One key difference among women returning to work is education level. Mothers with higher educational attainment are more likely to return to work after the birth of their first child (Figure 2). For instance, women with advanced degrees are more likely to continue working (71 percent) compared with new mothers with a high school diploma or less (39 percent).^{46, 47}

Figure 2. Percentage of Labor Force Participation for Women Aged 15 to 50 With a Birth in the Last 12 Months, by Educational Attainment Level



Source: Knop, B. (2019). *Are women really opting out of work after they have babies?* U.S. Census Bureau. <https://www.census.gov/library/stories/2019/08/are-women-really-opting-out-of-work-after-they-have-babies.html>

The experiences of women working in male-dominated occupations may differ after childbirth. For instance, female police officers cited pregnancy as a challenge to remain in their profession. Female police officers also exit their profession at higher rates during childbearing and child-rearing years than at any other time in their career. The nontraditional shifts and long work hours required of police officers also pose a challenge for women with children.⁴⁸

When mothers return to the labor force after time away, they may face disadvantages compared with women without children. A landmark two-part study on the motherhood penalty leveraged an experimental design and audit of actual employer behaviors to show that mothers are discriminated against during the hiring process. Childless women received approximately twice as many callbacks on job applications as equally qualified mothers. Mothers were also perceived as less competent and received lower starting salaries. Comparatively, fathers did not experience discriminatory hiring practices and, in some measures, benefitted from their status as a parent.⁴⁹

2. Impact of COVID-19 on Working Mothers

The COVID-19 pandemic brought to the forefront many issues affecting working mothers. Findings from a nationally representative survey of women aged 16–64 conducted at the end of 2020 highlighted how women’s responsibilities changed in response to the pandemic, including their employment status, earnings, and health. About 1 in 10 women with children under 18 quit their job for a pandemic-related reason. More than half of those women indicated school or daycare closures as the reason. Almost one-third of working mothers took time off from work because of school and daycare closures, and nearly half took unpaid leave.

The pandemic also had a significant impact on the mental health of women with children. More than half of the survey respondents reported that worry or stress related to the pandemic affected their mental health, and one in five reported it had a major impact on their mental health.⁵⁰

3. Impact on Wages and Earnings

Pregnancy and having children are shown to negatively affect women's wages and earnings. Some of the pay gap can be explained by maternity leave, working fewer hours, or exiting the labor force.⁵¹ Among women with at least one child under age 6, pregnancy was the most common reason (45 percent) for taking unpaid leave.⁵² As women become mothers, they are perceived to be less focused on their career, or they may request more flexible work arrangements, which may negatively affect their earnings or potential earnings growth. However, even when considering these contextual factors, research has demonstrated the existence of a "motherhood wage penalty." Some recent findings on this issue follow:

- ▶ In recent years, research has shown women's wages in the United States are 4–5 percent lower with each additional child. In comparison, becoming a father increased men's wages by 6 percent.^{53, 54}
- ▶ In heterosexual couples where husbands made slightly more than their wives prior to having a child, the pay differential for husbands increased by \$25,000 three years after having their first child.⁵⁵
- ▶ Earnings for working mothers decreased by an average of \$1,861 in the first quarter after having a child compared with earnings pre-pregnancy or in early pregnancy.⁵⁶ Earnings eventually recovered to pre-birth levels by the fifth quarter after birth and continued to rise. However, this recovery may not be enough for women to return to their pre-birth earnings path.⁵⁷

Wage penalties for mothers, and conversely premiums for fathers, have also been shown to vary by marital status, race or ethnicity, educational level, and earnings level.⁵⁸ For example, beginning in 2010, one study found the motherhood wage penalty for high-earning women was eliminated but still in existence for low-earning women. High-earning men were found to have a higher fatherhood wage premium since 2010 compared with low- or middle-earning men.⁵⁹

4. Workplace Flexibility

To accommodate parenting responsibilities, mothers may seek flexibility in their schedule or reduce their participation in the labor force (e.g., less than 40 hours per week). Women with younger children work less than women with older children,⁶⁰ and they are more likely than men to adjust their careers after the birth of a child.⁶¹ Women may also work part-time schedules to accommodate caregiving needs. For instance, almost a third (30 percent) of women with at least one child under 6 indicated that caretaking was their reason for working part time compared with 7 percent of all part-time workers. Flexibility or part-time schedules can come at a cost because companies are shown to reward workers who work longer or are able to work during nontraditional hours.⁶²

B. Medical and Mental Health Complications Experienced by Pregnant and Postpartum Women

The United States has the highest maternal mortality rate among developed nations. Maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by

the pregnancy or its management, but not from accidental or incidental causes.”⁶³ Pregnancy-related health complications affecting women’s health are also increasing in the United States, especially among women of color.⁶⁴ This section discusses medical or physical health and mental health complications pregnant and postpartum women experience.

1. Medical and Physical Health Complications

Medical and physical health complications can develop during pregnancy and postpartum. Health conditions developed before a woman becomes pregnant can also lead to complications. Medical and physical health complications during or after birth can affect women’s ability to work or maintain their careers in comparison to their prepregnancy status. Common pregnancy complications women can experience include anemia, urinary tract infections, hypertension, diabetes, obesity, infections, and hyperemesis gravidarum.⁶⁵ More serious pregnancy complications, referred to as severe maternal morbidity (SMM), can “result in significant short-term or long-term consequences to a woman’s health”⁶⁶ and affect between 50,000 to 60,000 women in the United States every year.⁶⁷ There are 21 SMM indicators that include 16 diagnoses and 5 procedures.⁶⁸ Some of the most common SMM indicators include blood transfusions, acute heart failure, sepsis, adult respiratory distress syndrome, air and thrombotic embolism, and eclampsia.⁶⁹ Black women have the highest rates of nearly all SMM indicators.⁷⁰

Although women may experience common physical health issues after childbirth, including fatigue, discomfort, pelvic pain, and urinary problems,⁷¹ women who experienced medical complications during pregnancy are at higher risk of developing chronic diseases well beyond the postpartum period.^{72, 73} The American medical system’s traditional postpartum visit typically occurs between 4 and 6 weeks after birth; however, the American College of Obstetricians and Gynecologists characterizes it as a “period devoid of formal or informal maternal support.”⁷⁴ Many employed women return to the labor force much sooner; nearly one in four employed women return to work within 2 weeks postpartum.⁷⁵ Postpartum women who return to work with physical concerns such as pelvic pain, back pain, and fatigue are more likely to miss work and be unable to perform their work as a result of these ongoing health issues.^{76, 77}

2. Mental Health Conditions

Women may also develop mental health conditions during and after pregnancy. The most common mental health conditions include anxiety, depression, and birth-related post-traumatic stress disorder. These conditions affect one in five women; however, 75 percent of affected women do not receive treatment.⁷⁸ In a survey including a random sample of women with a recent live birth, 13 percent reported depressive symptoms during the postpartum period.⁷⁹ More than half of pregnant women with depression were not treated. Literature on how the return to work affects maternal mental health is mixed; the effects may depend on various factors, including access to paid leave, work-family conflict, workload, job flexibility, and coworker support.⁸⁰ For instance, employed women have lower depressive symptoms than nonworking women.⁸¹ Women with personal or maternal history of depression who returned to work reported lower symptoms of depression 7 months after returning to work.⁸² However, research also shows that postponing the return to work longer is associated with a reduction in depressive symptoms.⁸³ Mental health conditions are complicated, and more needs to be explored in the relationship between a mother’s mental health and her work and career status.

Chapter 3. Initiatives, Resources, and Support for Family Planning in the Workplace

Bottom Line Up Front

- Employers have recognized and capitalized on growing demand for benefits, programs, and accommodations to retain female employees before, during, and after pregnancy.
- **Paid and unpaid leave:** The United States is one of seven countries without a national paid maternity leave policy for public and private sector workers. The FMLA of 1993 provides 12 weeks of unpaid, job-protected leave for qualified employees. Approximately 25 percent of non-Federal public and private organizations offer paid maternity, paternity, or parental leave to at least some employees.
- **Family planning:** Employers are increasingly offering fertility benefits to attract and retain talent, and employees report the positive effects of these benefits on company loyalty and retention.
- **Pregnancy support:** U.S. laws provide some coverage for light duty and disability accommodations for women who are pregnant or experiencing medical issues from a pregnancy; however, gaps remain. Occupations such as police and firefighting provide an example of how inconsistent support or accommodations can reduce female retention.
- **Postpartum support:** Companies can support postpartum women and workers with children through strengthening the support of families, flexible scheduling, breastfeeding and lactation support, and benefits related to child care.

Civilian industries and workplaces offer family planning benefits, programs, and accommodations to retain employees before, during, and after pregnancy. With a growing recognition of the need to offer competitive benefits to accommodate work-life balance, companies have begun providing a more comprehensive set of benefits around family planning. A 2020 survey of 479 employers representing 8.3 million employees found 72 percent of employers felt pressured to offer family-friendly benefits to attract and retain talent.⁸⁴ However, merely providing benefits without building the foundation of a family-supportive environment is not enough to encourage employees to stay at the company. Family planning benefits cannot replace a supportive workplace environment; both conditions must be met to increase employee retention. A discussion of the most effective and commonly offered initiatives in the civilian sector related to family planning follows.

A. Unpaid and Paid Family Leave

Workers in the United States navigate different parental leave options based on where they are situated in the labor force. Access to paid leave is dependent upon employers, and many workers are not provided paid maternity or paternity leave.

1. Unpaid Family Leave

The FMLA of 1993 is currently the only national policy guaranteeing parental leave for eligible private and public sector workers. Individuals must have worked at least 1,250 hours during a 12-month period at an organization with more than 50 employees to be eligible for FMLA leave.⁸⁵ The FMLA provides 12 weeks of unpaid, job-protected leave for a qualifying reason, which includes the birth of a child; placement of a child through adoption or foster care; care for a spouse, child, or parent with a serious health condition; care for medical conditions that render employees unable to work; and certain matters related to the military deployment of a spouse, child, or parent.⁸⁶ Employees may choose or

employers may require employees to use their accrued paid leave during this time. Because of employer size and/or hours worked requirements, 56 percent of the Nation’s workforce is eligible for FMLA leave, but only 15 percent of workers used it in 2018.⁸⁷ The most commonly cited reason for not taking FMLA leave (66 percent of workers) is the inability to afford the loss of income.⁸⁸

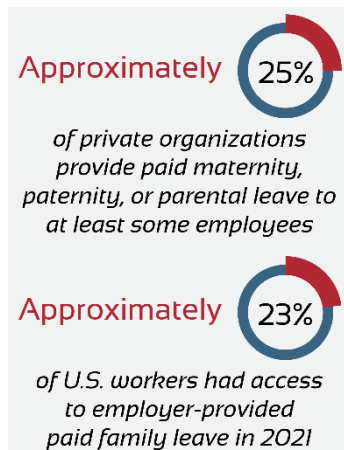
2. Paid Family Leave



The United States is one of seven countries without a national paid maternity leave policy for public and private sector workers and the only high-income country without an inclusive national paid parental leave policy.^{89,90} In 2019, Congress passed the Federal Employee Paid Leave Act (FEPLA) as part of the Fiscal Year 2020 National Defense Authorization Act to provide FMLA-eligible Federal employees with 12 weeks of paid parental leave for

the birth of a child or placement of a child through adoption or foster care.⁹¹ This legislation must be reauthorized every fiscal year. Notably, FEPLA does not provide Federal employees with additional leave, but the policy ensures the 12 weeks of FMLA leave are paid without requiring employees to use their accrued paid leave.⁹² Among the 158.3 million civilian employees, about 2.1 million are Federal civilian workers, so FEPLA covers about 1.3 percent of the civilian workforce.^{93,94}

In the private sector, paid family leave is left up to the discretion of individual employers and States. Approximately 25 percent of non-Federal public and private organizations offer paid maternity, paternity, or parental leave to at least some employees; consequently, about 23 percent of U.S. workers had access to employer-provided paid family leave in 2021.^{95,96} Larger firms with more high-wage workers are more likely to offer paid family leave than smaller firms with fewer higher wage workers.⁹⁷ To supplement FMLA, 11 States and the District of Columbia (DC) have enacted their own paid family leave programs. Seven states (California, Connecticut, Massachusetts, New Jersey, New York, Rhode Island, and Washington) and DC already have active programs, while an additional four (Colorado, Delaware, Maryland, and Oregon) will implement their programs by 2026.⁹⁸ The policies vary on duration, job protection, wage replacement amount, and funding source. Currently, only Oregon plans to enact a fully paid family leave policy.⁹⁹



Paid family leave consistently helps employees balance their work and family lives while enabling employers to retain and support their talent. In California, which established its paid family leave policy in 2004, 90 percent of businesses reported the State’s paid family leave had either a positive or neutral effect on reducing turnover, and 99 percent said it had a positive or neutral effect on employee morale.¹⁰⁰

Workers in low-quality jobs—defined as jobs that do not pay more than \$20 per hour or provide employer-paid health insurance—who took the State’s paid family leave returned at higher rates (83 percent) than those who did not take it (74 percent).¹⁰¹ In a survey of more than 1,400 employees, three-quarters of respondents stated they were more likely to return to their current employer and 30 percent felt an increase in loyalty because the organization offered paid parental leave.¹⁰² Particularly

for women in low-skill jobs, paid leave laws in California and New Jersey increased their workforce attachment.¹⁰³ Organizations with paid family leave programs enhanced employee productivity, loyalty, and morale more than organizations without such programs.

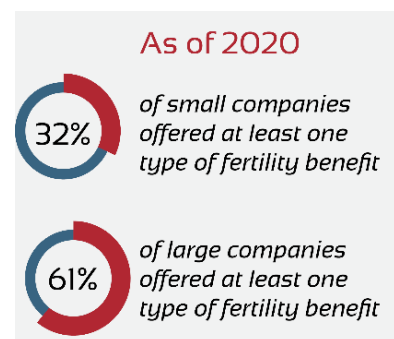
3. Family Leave in U.S. and Foreign Militaries

By the end of 2022, U.S. military Service members will receive up to 12 weeks of paid parental leave for the birth of a child or the placement of a child through adoption or foster care with a Service member, whether they are the designated primary or secondary caregiver.¹⁰⁴ For servicewomen who give birth or adopt a child, this leave would provide approximately 18 weeks of paid leave (6 weeks of convalescent leave, followed by 12 weeks of caregiver leave). This legislation expanded secondary caregiver leave from 21 days to 12 weeks,¹⁰⁵ bringing the U.S. military more in line with maternity policies and parental leave policies in European militaries.

The European Organisation of Military Associations and Trade Unions surveyed its members and found that among 10 European countries (Belgium, Cyprus, Denmark, North Macedonia, Germany, Ireland, Poland, Portugal, Spain, and Sweden), all but Sweden offer fully paid maternity leave policies to servicewomen, while Sweden offers the longest leave of the group at 90 percent salary. The duration of maternity leave ranges from 8 weeks (Germany) to 16 months (Sweden). In some countries, such as North Macedonia and Poland, servicewomen are entitled to longer maternity leave if they give birth to more than one child. While maternity leave is optional in most countries, Cyprus and Portugal require servicewomen to take 2 weeks and 6 weeks of paid maternity leave, respectively. The length of paid leave for adoption tends to be more strict than maternity leave. For example, Belgium offers up to 14 weeks of fully paid maternity leave for servicewomen who give birth but only 6 weeks for adoptions. For parental leave, four countries (Belgium, Germany, Ireland, and Poland) allow parents to take unpaid leave even after their child is no longer an infant. Even though the leave is unpaid by the employer, the state pays for a parental leave allowance. For example, German Service members can take 24 months of unpaid leave when their child is between 2 and 7 years old while receiving a parental allowance from the state.¹⁰⁶

B. Planning for Pregnancy: Fertility Benefits

Over the past few years, employers have increasingly offered fertility benefits to retain employees. In 2020, 32 percent of small companies (50–499 employees) and 61 percent of large companies (500 or more employees) offered some type of fertility benefit.¹⁰⁷ The most common types of fertility benefits include coverage for in-vitro fertilization (IVF), fertility medication, fertility counseling, genetic testing, non-IVF fertility treatments, and egg harvesting/freezing.¹⁰⁸ In 2021, 42 percent of the biggest companies (20,000 or more employees), 27 percent of large companies, and 14 percent of small companies covered IVF benefits in the United States.¹⁰⁹ These numbers mark an increase in prevalence from 2015, when 36 percent of the biggest companies and 24 percent of large companies offered IVF treatment to employees.¹¹⁰



Offering fertility benefits has proven valuable for employers looking for competitive ways to retain and attract talent. Among employees who received fertility benefits, 61 percent felt more loyal and committed to their companies, and 88 percent of women who had fully employer-funded IVF treatments returned to their workplace after maternity leave in 2017.¹¹¹ Employers can provide these

benefits without seeing a spike in their health insurance costs by imposing a lifetime benefit cap; the median amount most companies offer is \$16,250. Given that only an estimated 3 percent of women will likely need fertility treatments, companies have not experienced financial hardship by offering fertility benefits.¹¹² About 97 percent of surveyed employers said adding fertility benefits did not significantly increase their health plan costs.¹¹³ Forty-five percent of surveyed workers stated fertility benefits are an important factor when deciding on a new job, and companies have increasingly recognized this demand and added them to their benefits package.¹¹⁴

It is important for companies to design fertility benefits that consider employees who identify as LGBTQ+ or are single because they are often excluded from the heteronormative definition of infertility. Some policy and clinical definitions can require individuals to have 1 year of unprotected heterosexual intercourse to prove infertility.¹¹⁵ By using a more inclusive definition of infertility to determine coverage, companies can enable LGBTQ+ and single individuals to access this benefit for their family planning.

C. During Pregnancy: Light Duty and Disability Accommodations

Employers are required to accommodate employees who are unable to perform their jobs because of medical conditions, such as pregnancy or other temporary disability factors, under the PDA. These accommodations could include light duty, alternative assignments, disability leave, or unpaid leave. In 2008, Congress passed the ADA Amendments Act (ADAAA) to broaden and fortify workplace protections for individuals with disabilities, including by expanding the definitions of “substantially limiting” and “major life activity” to encompass temporary impairments that restrict everyday life activities and bodily functions.¹¹⁶ However, significant loopholes in the PDA, ADA, and ADAAA leave pregnant workers exposed to potentially difficult working conditions. Under the ADA, pregnancy is not considered a disability, and employers may consequently deny pregnant individuals medically necessary accommodations related to their pregnancy, such as sitting down at a desk instead of standing on their feet all day. Even under the ADAAA, pregnant individuals may need to prove they have a significant pregnancy-related complication resulting in a disability to receive accommodations.¹¹⁷ Healthy pregnant workers who are not suffering from complications are not legally entitled to accommodations because pregnancy is not a disability.

1. Light Duty Discretion in Policing and Fire Fighting

Given the similarity in physicality, working conditions, and male-dominated culture, police and firefighter organizations can function as apt industry comparisons to the military services. Because of the ambiguity of the PDA, police and firefighting agencies can implement light duty and disability policies according to their perceptions of efficiency, legitimacy, and consistency. Notably, light duty policies differ on three main points: defining when pregnant individuals become unfit for duty, who is in charge of reassignments and the factors forcing pregnant officers to take extended leave, and the types of suitable assignments for pregnant officers on light duty.¹¹⁸ One study reviewed maternity and light duty policies in the top 34 policewomen-employing agencies. Although 80 percent of the surveyed police agencies had a written maternity leave policy, about one-third of these policies were discretionary, so eligibility was determined by an administrator.¹¹⁹ Twenty-eight percent had formal light duty or disability accommodation policies, with 82 percent reporting discretionary policies.¹²⁰ Similarly, firefighters also tend to lack formal light duty policies for pregnant individuals. A study surveying fire

departments in northeastern Illinois found 67 percent did not have an accommodation policy for pregnant individuals.¹²¹

The International Association of Chiefs of Police recommends police agencies implement nondiscretionary light duty policies to reduce pregnancy risks, provide financial security, and support women's careers to retain them in the organization



The lack of formal light duty policies among police agencies can have major financial implications on pregnant policewomen who may have limited influence over their administrator's decision to grant them light duty rather than unpaid leave. While policewomen in departments with written light duty policies felt supported in their career progression and financial accommodations, those in departments without formal policies reported feeling uncertain about their financial situation and place in the organization. This resulted in many policewomen permanently leaving their jobs after giving birth because of feeling unwelcome for becoming pregnant and having their

legitimacy called into question.¹²² The ambiguous accommodation policies incentivize some to hide their pregnancy from police administrators in fear of losing their employment and benefits.¹²³ The International Association of Chiefs of Police recommended in 2010 that agencies implement nondiscretionary light duty policies to reduce pregnancy risks, provide pregnant police officers with a financial safety net so they do not need to take unpaid leave, and ultimately support their careers to retain them in the organization.¹²⁴

As long as pregnant police officers can continue to perform their usual duties, police departments may not force them to take leave or accept light duty assignments because these actions would constitute discrimination. Some pregnant policewomen do not want to move to light duty because they feel isolated and ineffective compared with their nonpregnant colleagues.¹²⁵ The negative workplace culture toward officers who are placed on light duty assignments further reinforces their belief that light duty is a punishment for becoming pregnant.¹²⁶ In a study surveying 36 Canadian and American policewomen's attitudes toward pregnancy policies, 69 percent said they definitely thought a comprehensive pregnancy policy could improve the recruitment of women in policing, while 22 percent indicated varying degrees of agreement with the idea.¹²⁷ When asked to share their experiences with and perceptions of the pregnancy accommodations they received, 47 percent of policewomen in the same study recorded having a negative perception of how their agency addressed their pregnancy.¹²⁸ A tailored approach where pregnant police officers can develop an individualized plan with their commanding officer can increase their job satisfaction, mental health, emotional well-being, and perception of placement.¹²⁹

D. Support for Postpartum Women

While pregnancy is a temporary condition, workplace programs and policies can support women in the postpartum period and beyond. Particularly important aspects to consider are organizational culture, flexible scheduling, breastfeeding and lactation support, and child care.

1. Organizational Culture

When considering how to increase the retention of new mothers, the importance of building a supportive organizational culture around family planning cannot be overstated. Family-supportive organization perceptions—the extent employees see their organization as supportive of family life—are more strongly correlated with work attitude than availability of family-friendly policies. This indicates that offering such policies without fostering a family-supportive environment is not enough to retain new mothers in the workforce.¹³⁰ Women who feel their peers and supervisors are sympathetic toward

pregnancy in the workplace are more likely to return after giving birth.¹³¹ In fact, companies that proactively plan for pregnancies experience less turnover and are able to more smoothly accommodate shifting workloads and increase productivity. Conversely, if pregnant employees detect negative attitudes toward pregnancy in the workplace, they exhibit greater job dissatisfaction and are more likely to quit.¹³²

One study found managerial support helps reduce work-family conflict for new mothers by building their maternal confidence, thereby encouraging them to stay at their organization.¹³³ Managerial support could take the form of being sensitive to the psychological adjustments motherhood brings, training other managers to focus on new mothers' career potential and strengths rather than their limitations, and approaching each unique situation with an individualized and flexible mindset. While family planning initiatives such as flexible work arrangements and onsite child care can offset the stress of balancing work and family, organizational cultures where managers and peers comprehend the transformational nature of pregnancy and can uplift new mothers' confidence and abilities increase working mothers' likelihood of staying.

2. Flexible Scheduling

Workplace flexibility increases employee retention because it enables parents to make a smooth transition between working and being a parent.¹³⁴ Flexible scheduling enables employees to start and end their workdays on an alternative timetable than the conventional workweek. When women return to work after giving birth, some employers allow them to work part time. For women who have low maternal confidence, working part time can help develop strategies to balance work and family and increase their intent to stay at their organization.¹³⁵ A pilot study testing a flexible work schedule policy for pregnant or new parent emergency medicine residents found those who used the policy reported high satisfaction and were more likely to stay in the program. Women are more likely to leave medical residency programs than men; among those who cited health or family reasons for leaving, 21.5 percent were women and 9.6 percent were men.¹³⁶ Flexible work schedules can mitigate pregnancy complications, support health and wellness, and create a supportive work environment.

3. Breastfeeding and Lactation Support

The benefits of breastfeeding for mothers and babies are well-documented. For babies, breast milk adapts to fulfill their nutritional needs and protects them from illness and diseases such as ear infections, asthma, type 1 diabetes, and sudden infant death syndrome.^{137, 138} For mothers, breastfeeding reduces the risk of breast cancer, ovarian cancer, type 2 diabetes, and high blood pressure.^{139, 140} Breastfeeding also promotes physical and emotional bonding between the mother and child through increased skin-to-skin contact and the release of stress-reducing hormones.^{141, 142}

Although the American Academy of Pediatrics, World Health Organization, and United Nations Children's Emergency Fund all recommend parents exclusively breastfeed their infants for the first 6 months and then integrate breastfeeding with complementary foods until children turn 2,^{143,144} many working mothers are not able to adhere to these guidelines because of a lack of workplace accommodations. Between 2010 and 2017, one survey indicated that only 40 percent of sampled employed women with infants had access to a private space and enough break time for breastfeeding, with even lower rates among single and low-income mothers.¹⁴⁵ The lack of accommodations poses a significant barrier to breastfeeding: Women with access to these accommodations are 2.3 times more likely to exclusively breastfeed for the first 6 months.¹⁴⁶

Workplaces must meet three key conditions to successfully enable employees to breastfeed: (1) allow time to breastfeed; (2) increase awareness of breastfeeding accommodations among mothers, supervisors, and coworkers; and (3) encourage a supportive environment by garnering managerial and peer support.¹⁴⁷ When workplaces activate these mechanisms, mothers feel more comfortable coming back to work because they can continue to breastfeed their children. A study reviewing lactation records of 462 women from 5 corporations found 94.2 percent of new mothers returned to their companies because they had the option to pump breast milk at work; the retention rate was much higher compared with the overall 59 percent of women who returned to the workforce after giving birth at the time.¹⁴⁸ Improved lactation support can increase new mothers' job satisfaction, which reduces their burnout and turnover rates.¹⁴⁹

4. Child Care

Child care benefits strongly appeal to working parents, especially mothers who disproportionately shoulder the unpaid caregiving responsibilities when affordable child care options are inaccessible.¹⁵⁰ Examples of child care benefits include onsite/employer-sponsored child care, child care subsidies, backup child care, and dependent care flexible spending accounts (DCFSA). Compared with previous years, 59 percent of parents are more concerned about child care costs in 2022, and 63 percent report these expenses have increased since 2021 as a result of growing costs of child care centers, inflation, and fewer available spots in child care programs.¹⁵¹ Companies recognize the need to provide child care benefits for their employees. In a survey of 501 human resource professionals, approximately 56 percent of employers reported providing some type of child care benefit to their workers.¹⁵² The same survey revealed 90 percent of employers state child care benefits positively affect talent recruitment and retention; a need for better child care benefits is the third largest reason (48 percent) for employee attrition following a desire for a higher salary (65 percent) and increased flexibility (60 percent).¹⁵³

Onsite/employer-sponsored child care

Onsite or employer-sponsored child care is an opportunity for employers to help offset the costs of child care. Although the exact numbers are unclear, between 4 and 8 percent of employers offered onsite child care as a benefit in 2017.¹⁵⁴ Despite the low prevalence, onsite or employer-sponsored child care has an overwhelmingly positive impact on employee retention, engagement, and job satisfaction. In a survey of 3,100 parents from nearly 200 organizations, 90 percent reported employer-sponsored child care increased their likelihood of continuing to work for their organization.¹⁵⁵ More specifically, 88 percent of respondents said employer-sponsored child care played an important role in deciding to return to work after the birth or adoption of a child.¹⁵⁶ Another nationally representative survey of 3,003 parents found 69 percent of mothers with children under age 5 said they would be more likely to choose an employer that subsidized child care expenses or offered onsite child care services. The survey also revealed 40 percent of respondents who were considering switching jobs stated they might stay at their current employer if it offered onsite child care services.¹⁵⁷ Just like other family planning benefits, providing onsite child care is not enough to improve engagement and job satisfaction among employees. If companies provide low-quality onsite child care services with an unsupportive environment around family support, employees who use the onsite child care services exhibit less engagement and less satisfaction compared with employees who use external child care services.¹⁵⁸

Dependent care flexible spending accounts

A DCFSA is a pretax benefit account employers can voluntarily offer their workers to pay for eligible dependent care services. Employees can contribute up to \$5,000 per year and use the funds toward child care, babysitting, and nanny services (among other dependent care services). On average, employees can save 30 percent of costs going toward dependent care services using a DCFSA, which could add up to thousands of dollars in annual savings.¹⁵⁹ DCFSA are one of the most commonly offered child care benefits: Approximately 43 percent of civilian workers (including State and local government workers) had access to DCFSA through their employers in 2021.¹⁶⁰ The Federal Government offers DCFSA through its Flexible Spending Accounts for Federal Employees program; however, active-duty Service members do not currently have access to this benefit. Although retention rates for civilian employers based solely on the provision of DCFSA are unclear, this benefit is often a part of a company's child care benefits package, which positively affects both the recruitment and retention of talent.

The Federal Government offers DCFSA through its Flexible Spending Accounts for Federal Employees program; however, active-duty Service members do not currently have access to this benefit



Chapter 4. Abortion Access and Availability for Recruitment and Retention of Women in the Workforce

Bottom Line Up Front

- The Supreme Court overturned *Roe v. Wade* June 22, 2022, eliminating the constitutional right to abortion and giving States the sole authority to regulate abortion.
- Some companies and organizations have announced expansion of access to and coverage for abortion for its employees, such as travel expense assistance or abortion relief funds. It is too early to know how the provisions of these resources will affect employee recruitment or retention.
- Many foreign militaries provide full abortion coverage for servicewomen, including 77 percent of militaries among Northern American Treaty Organization (NATO). Not enough information is available about whether or how abortion access and coverage affect the recruitment and retention of women in foreign militaries.

In 1973, the landmark decision by the U.S. Supreme Court in *Roe v. Wade* guaranteed the constitutional right to legal abortion. However, States had regulatory authority to restrict or expand access to reproductive health services. Between 2017 and 2020, 35 States enacted 227 laws restricting access to abortion services, with more than half of these laws being concentrated in 7 States (Arkansas, Indiana, Kentucky, Louisiana, Missouri, Ohio, and Utah).¹⁶¹ In 2018, Mississippi enacted a law making abortions illegal after 15 weeks of pregnancy, directly challenging *Roe v. Wade* and reaching the Supreme Court as *Dobbs v. Jackson Women’s Health Organization*.¹⁶² On June 22, 2022, the Supreme Court overturned *Roe v. Wade*, eliminating the right to abortion after almost 50 years and giving States sole authority to regulate abortion.¹⁶³ Following the decision, States began enacting various abortion laws, resulting in an outright ban on abortions in nine States, with additional States expected to join. Another four States now ban abortion at 6 weeks of pregnancy, before most women know they are pregnant. Abortion remains legal and available in 25 States and DC.¹⁶⁴

A. Abortion-Related Employment Benefits From U.S. Employers

Some companies announced their support for expanding access to and coverage for abortion services through employment benefits following the *Dobbs v. Jackson Women’s Health Organization* decision. For instance, companies like Amazon and Microsoft announced they would extend “abortion and gender affirming care services for employees in the United States to include travel expense assistance.”¹⁶⁵ Other companies have announced plans to provide additional benefits outside of current health plans, including creating a relief fund making funds available through a health reimbursement arrangement or offering a one-time bonus.¹⁶⁶ Some companies have stated they would also make these benefits available to part-time hourly and retail workers.¹⁶⁷ Companies are exploring different approaches for offering these services and will have to take into consideration legal, political, and financial implications of providing reproductive health benefits.

B. Recruitment and Retention Advantage of Abortion Access and Benefits

While it is still too early to know the impact of company-sponsored abortion-related employment benefits, a national survey conducted in response to a Texas abortion ban found that, among college-educated adults, two-thirds would be discouraged from taking a job in Texas as a result of the abortion

ban.¹⁶⁸ Offering these benefits could potentially give companies a recruiting advantage, especially in States with restricted or banned abortion access.

C. Abortion and Contraception Access in Foreign Militaries

Ibis Reproductive Health, a nonprofit organization studying reproductive health and rights worldwide, surveyed 39 countries, including the United States, to investigate the differences in abortion and contraceptive policies for servicewomen.¹⁶⁹ The main findings follow (see Appendix B for a table of complete findings):

- ▶ **Many countries fully cover contraception.** Among the 39 countries, 67 percent fully cover contraception for servicewomen, while 21 percent do not cover contraception at all.
- ▶ **Many countries fully cover abortion.** Among 37 countries, 68 percent fully cover abortions for servicewomen. Among the 29 countries in NATO, 77 percent fully cover abortion. The United States is one of five countries (others are Germany, Latvia, Lithuania, and Montenegro) that provide abortion coverage under limited circumstances.
- ▶ **Countries fully covering contraception tend to fully cover abortion.** Among 37 countries, 54 percent fully cover both contraception and abortion. Only Estonia, Lithuania, Montenegro, and the United States fully cover contraception but do not fully cover abortion.
- ▶ **One-third of countries restrict servicewomen's abortion coverage through civilian and military health systems.** Only Latvia and the United States provide limited coverage for abortions in both systems.
- ▶ **Countries fully funding abortions for civilians also fully fund abortions for Service members.** Among the 39 countries, 44 percent provide full public funding for civilian and servicewomen abortions.

It is unclear whether or how abortion access and coverage in foreign militaries affect recruitment and retention of women.

Chapter 5. Conclusions and Implications

This literature review defined pregnancy discrimination; provided an overview of its impact on women's careers; and reviewed initiatives, resources, and support programs currently available to women in civilian workplaces and foreign militaries. This literature review also described how employers and foreign militaries provide resources and support for abortion access and coverage. Women in the military face shared and unique obstacles during their pregnancy and postpartum periods and as parents in comparison to their civilian peers. Critical findings on this topic related to DACOWITS' study of women in the military follow:

- ▶ **Women of color and women in occupations requiring more accommodations for pregnancy are at greater risk of experiencing pregnancy discrimination.** Pregnancy discrimination, like other forms of discrimination, is underreported. Among those who file EEOC charges, women of color, women who work in the trade and manufacturing industries, or those who work in low-wage occupations experience disproportionately higher rates of pregnancy discrimination. Research from the civilian workplace shows that Black women are at higher risk of experiencing pregnancy discrimination; it is possible these same intersectional patterns occur within the military. Women in Military Occupational Specialties with a high degree of physicality, above and beyond general military fitness requirements, may also be at greater risk of discrimination or harassment as a result of the need for light duty accommodations during their pregnancy and postpartum period. Little is known about how pervasive pregnancy discrimination is for servicewomen because of the recent adoption of pregnancy as a prohibited form of discrimination in the military. Future work should aim to identify these issues with attention to subgroups within the military that may be at greatest risk.
- ▶ **Training, education, and sustained attention on equal opportunity policies and practices are best practices to mitigate and reduce pregnancy discrimination and bias.** Consistent, clear, and regular education and training for managers and leaders have been identified by the EEOC as best practices for reducing pregnancy discrimination. Managers and leaders must have a firm understanding of Federal laws and company policies to ensure they treat employees equally and respectfully. Continual evaluation of employment policies can identify discrepancies and differential treatment early for course correction.
- ▶ **Motherhood often negatively affects women's attachment to and relationship with the labor force, particularly compared with fatherhood.** A wide range of research has demonstrated that women's status in the labor force suffers when they become mothers while men's labor force prospects are enhanced. This is best exemplified by consistent findings of a motherhood wage penalty and fatherhood wage premium. Women in the military face less concern about wage discrepancies given the rigid rank and pay structure of the military but do face concerns over how discrimination and bias related to pregnancy and motherhood could lead to missed assignments and other career-enhancing opportunities. The COVID-19 pandemic has further strained women in the workforce, with many civilian women electing to reduce their working hours or exit the labor force.
- ▶ **Employees seek to have family-related benefits from their employers, and employers recognize offering these benefits provides them a competitive advantage in today's labor market.** Civilian industries and workplaces offer family planning benefits, programs, and accommodations to retain employees before, during, and after pregnancy. Employees seek and value these benefits, and employers use them to create a competitive advantage in recruiting and retaining talent. Benefits and policies matter, but they are most effective when combined

with a workplace environment supportive of family life, including the use of available leave and benefits. Servicewomen are afforded paid parental leave, a benefit many women do not have in the civilian labor force, but are not provided as much flexibility in schedules or accommodations because of the nature of military work. Employees say family-friendly benefits encourage them to stay, creating loyalty to the organization, but rigorous evaluations analyzing and documenting the true effectiveness of these family benefits are sparse.

- ▶ **Many foreign militaries offer more abortion coverage than the United States, but the effect of this coverage on recruitment and retention of servicewomen remains unclear.** Analysis from Ibis Reproductive Health assessed differences in abortion and contraceptive coverage for servicewomen from many countries. Among the 29 other countries in NATO, three-quarters provide full coverage for abortions for its servicewomen.

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Appendix A

Pregnancy in the Military: Request for Information 16

September 2022

The Committee requests a **literature review** from the **DACOWITS Research Contractor** on the following:

1. Provide an overview of pregnancy discrimination in the civilian workplace, its prevalence and career impact, and to identify successful strategies businesses employ to combat the problem.
2. Identify the career impacts of pregnancy generally and, more specifically, identify how medical and/or mental health complications experienced by pregnant and postpartum women impact career progression and retention in the civilian workforce with a focus on studies and data which identify career impact and attrition trends.
3. Identify initiatives, resources and other support programs that have shown promise in mitigating impact and enhancing retention related to family planning (e.g., those planning to become pregnant, pregnant, and postpartum).
4. The relevance of abortion access/availability to recruiting and retention of women in the workforce, specifically foreign militaries servicewomen if such studies are available.

Of note, the goal of this review is to gather objective data which speaks to impact on career and retention and which identify measures of potential value to the Services in developing and implementing strategies/programs to minimize adverse impact on service women and to enhance retention. If available, it would be helpful to have information about foreign military practices. More relevant findings may come from more male-dominated career fields such as firefighters, police, construction, etc.

Appendix B

Ibis Reproductive Health							
Region and country ^a	Source of health coverage	Contraception coverage	Abortion coverage	Abortion provision at military facilities	Abortion services while deployed	Public funding for abortion	Reproductive health coverage score
Africa							
Mozambique	Both	◆	–	–	–	◆	–
South Africa	Military	◆	◆	◇	Return to home country	◆	Exceptional
Asia							
Cyprus	Both	◇	◇	◇	N/A	◇	None
India	Public	◆	–	–	–	◆	–
Israel	Both	◆	◆	◇	N/A	◆	Exceptional
Nepal ^β	Military	◆	◆	◆	Return to home country	◇	Exceptional
Singapore	Public	◆	◆	◇	Return to home country	◆	Exceptional
Turkey	Both	◆	◆	◆	–	◆	Exceptional
Australia and Oceania							
Australia	Both	◆	◆	◇	Return to home country	◆	Exceptional
New Zealand	Both	◆	◆	◇	Local facility/return home	◆	Exceptional
Europe							
Belgium	Both	◇	◆	◇	Return to home country	◆	Below average
Bosnia & Herzegovina	Both	◇	◇	N/A	There are no regulations	◇	None
Bulgaria ^γ	Military	◇	◆	◆	Return to home country	◆	Below average
Croatia	Both	◆	◆	◇	–	◆	Exceptional
Denmark	Public	◆	◆	N/A	Return to home country	◆	Exceptional
Estonia	Both	◆	◆	◇	Local facility/return home	◆	Good
Finland	Both	◆	◆	N/A	Return to home country	◆	Exceptional
France	Both	◆	◆	◇	Return to home country	◆	Exceptional
Germany	Military	◇	◆	◇	Local facility/return home	◆	Poor
Greece	Both	◆	◆	◇	Return to home country	◆	Below average
Italy	Public	◆	◆	◇	–	◆	Exceptional
Latvia	Both	◆	◆	–	–	◆	Poor
Lithuania	Public	◆	◆	◇	Military facility	◆	Below average
Luxembourg	Both	◆	◆	◇	Local facility/return home	◆	Exceptional
Moldova	Both	◆	◆	◆	Return to home country	◆	Good
Montenegro	Public	◆	◆	N/A	Return to home country	◆	Below average
Netherlands	Military	◆	◆	◇	Return to home country	◆	Exceptional
Norway	public	◆	◆	◇	Return to home country	◆	Exceptional
Portugal	Both	◆	◆	◇	Return to home country	◆	Exceptional
Russian Federation	Both	◇	◆	◆	Return to home country	◆	Below average
Serbia	Military	◆	◆	–	–	◇	Below average
Slovakia	Both	◆	◆	◇	Return to home country	◆	Below average
Slovenia	Public	◆	◆	N/A	There are no regulations	◆	Exceptional
Sweden	Public	◆	◆	◇	Return to home country	◆	Exceptional
Switzerland	Military	◇	◇	◇	N/A	◆	None
United Kingdom ^δ	Both	◆	◆	N/A	Return to home country unless based in Germany	◆	Exceptional
Latin America and Caribbean							
St Vincent & the Grenadines	Public	◇	◇	N/A	There are no regulations	◇	None
Northern America							
Canada	Both	◆	◆	◇	Return to home country	◆	Exceptional
United States of America ^ε	Military	◆	◆	◇	Return to home country/ MTF for rape, incest, or life endangerment	◆	Below average

Key: ◆ Yes (full); ◇ No; ◆ Partial; ◆ Limited; – Missing N/A Not applicable (no military hospitals or no deployment)

^a Includes eligible countries that provided usable data. Eligible countries with no usable data: Albania, Armenia, Austria, Azerbaijan, Bahrain, Bangladesh, Barbados, Belarus, Cape Verde, China, Cuba, Czech Republic, Fiji, Ghana, Guyana, Hong Kong, Hungary, Japan, Kyrgyzstan, Macedonia, Mongolia, North Korea, Romania, Spain, South Korea, Taiwan, Tajikistan, Tunisia, Turkmenistan, Ukraine, Vietnam, and Zambia.

^β All contraceptive methods fully covered except the levonorgestrel intrauterine system, implant, and diaphragm, which were reported to be unavailable; only medication abortion fully covered.

^γ Only surgical abortion fully covered.

^δ Excludes Northern Ireland.

^ε Abortion covered and provided at MTFs only in cases of rape, incest, or life endangerment.

Source: Ibis Reproductive Health & University of California, San Francisco. (2018). *Contraception and abortion policies in militaries worldwide* (Issue 6; Sexual and Reproductive Health of Women in the US Military, pp. 1–8). https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%206%202018-2-12_0.pdf