

SELECTED REFERENCES

INDUSTRIAL RELATIONS SECTION

PRINCETON UNIVERSITY

No. 273*

Princeton, NJ 08544

January 1995

PREGNANCY ISSUES IN THE WORKPLACE**

Blank, Robert H. *Fetal protection in the workplace: women's rights, business interests, and the unborn*. Irvington, NY 10533. Columbia University Press (136 S. Broadway). 1993. 225 pp. \$29.50.

The author believes that the debate concerning women's rights versus fetal interests has resulted in the same kind of discriminatory workplace policies that women have always faced. Focusing on dangers to the fetus has obscured the larger issue of reproductive health of women and men in the workplace and the need for alternative public policies such as the provision of prenatal care, pregnancy disability leave, and parental leave. His book describes the history of sex discrimination in American worklife, the current state of medical knowledge about workplace hazards to reproductive health, fetal protection policies and the legal responses to them, and the adequacy of current occupational injury compensations.

Desai, Sonalde and Linda J. Waite. "Women's employment during pregnancy and after the first birth: occupational characteristics and work commitment." *American Sociological Review* (American Sociological Association Publications, 49 Sheridan Ave., Albany, NY 12210), August, 1991. pp. 551-566. \$11.00.

The authors tested the hypothesis that women choose "female" occupations because they facilitate combining parenting and employment. Using data from the National Longitudinal Survey of Youth, they examined women's employment during pregnancy and in the two-year period following the first birth: 1) time at work; 2) time employed but not at work; and 3) time either out of the labor force or looking for work. Paid vacation, sick leave, or maternity leave with pay was counted as time on the job. Desai and Waite found no influence of the sex composition of the occupation on the employment of pregnant women and new mothers. Twenty-one percent of women reported no gap in employment when their first child was born. Eighty-three percent returned to work within the first three months after the birth. Women responded to both the convenience of working and the costs of not working when deciding how long to work during pregnancy and when to return to work after the child's birth. The authors also found some support for the theory that women who are committed to a "career" respond differently to the working/mothering decision than women who prefer not to work over the long run.

* Prepared by Linda Oppenheim, Social Sciences Reference Librarian.

** Items on this list should be ordered directly from the publisher.
Addresses are given in connection with each reference.

Halpert, Jane A., Midge L. Wilson, and Julia L. Hickman. "Pregnancy as a source of bias in performance appraisals." *Journal of Organizational Behavior* (John Wiley & Sons, P.O. Box 7247-8491, Philadelphia, PA 19170-8491), December, 1993. pp. 649-663. \$51.50.

The authors explored the cognitive biases of employers toward pregnant employees by studying the effect of an employee's pregnancy on her performance evaluation, a measure that critically affects a woman's career advancement. In the first of two studies, the authors analyzed the results of a questionnaire administered to employers to assess their attitudes toward pregnant employees. Substantial negative stereotyping was found, especially among males. In the second study, subjects were asked to evaluate the performances of employees, pregnant and non-pregnant, viewed in a videotape. Pregnant women were consistently rated lower than non-pregnant women.

Kenen, Regina. *Reproductive hazards in the workplace: mending jobs, managing pregnancies*. Binghamton, NY 13904-1580. Haworth Press (10 Alice St.). 1993. 306 pp. \$39.95, hardback; \$14.95, paperback.

The author's goal is to help women make decisions about job-related pregnancy problems. In her historical survey, Kenen describes how labor legislation designed to protect women from hazardous situations was used to exclude them from better paying jobs. Her discussion of the biology of reproduction examines the risks faced by both sexes on the job, including damage to reproductive systems, increased likelihood of miscarriage, and increased rate of birth defects and cancer among offspring. The author describes the impact of the physical and social environment on pregnant women, and she suggests ways of minimizing or avoiding hazards in a variety of work sites. She outlines several tactics for improving the workplace and includes an extensive list of organizations concerned with this issue.

Kenney, Sally Jane. *For whose protection?: reproductive hazards and exclusionary policies in the United States and Britain*. Ann Arbor, MI 48106. University of Michigan Press (Order Dept., P.O. Box 1104). 1992. 375 pp. \$49.50, hardback; \$18.95, paperback.

The author uses feminist theory to review American and British sex discrimination law and court cases involving reproductive hazards to analyze the employment policies that exclude nonsterilized, premenopausal women from hazardous work. Kenney believes that exclusionary policies reflect gendered thinking, rather than intentionally injurious discrimination. She devotes a chapter to the American Cyanamid case, as an example of the futile effort to fight exclusionary policies under health and safety rather than discrimination law. Several women workers sued American Cyanamid because of a discriminatory policy that limited the exposure of women to any of twenty-nine substances in their plants, only one of which was a known fetal hazard. As a result of the policy, some women transferred to other departments, while others chose to be sterilized. In 1979, in response to a complaint filed by the Oil, Chemical and Atomic Workers, OSHA inspected an American Cyanamid plant and cited and fined the company for violating the general duty clause that requires an employer to provide a workplace free from recognized hazards. The company's position was maintained by the final court of appeals decision that emphasized the voluntary nature of the choice facing the women. Even though it was conceded that the general duty clause could be read to cover the sterilization exception in the

company's fetus protection policy, it was concluded that the legislative intent applied to the physical work environment rather than a policy.

Leibowitz, Arleen, Jacob A. Klerman, and Linda Waite. *Women's employment during pregnancy and following childbirth*. Santa Monica, CA 90407-2138. Rand (Attn: Distribution, P.O. Box 2138). 1992. 24 pp. (Rand note N-3392-DOL/NICHD) \$7.00.

This paper's hypothesis is that changes in labor supply are related to changes in a woman's reservation wage, the minimally acceptable wage offer, which rises throughout the pregnancy. Testing the model on data for the 1980s, the authors found that women with higher wages and those with fewer sources of other family income are more likely to work during pregnancy and after giving birth. Also most women who work late into their pregnancies return to work soon after delivery. According to their results, twenty percent of women have continuous labor force attachment. Most higher-wage women are likely to be in this category, and are also more likely to have available maternity leave, sick leave and vacation time that allow time off from work with job security.

Pregnancy and employment: the complete handbook on discrimination, maternity leave, and health and safety. Washington, DC 20037. Bureau of National Affairs Plus (1231 25th St. N.W.). 1987. 210 pp. \$45.00.

Some of the findings include: 1) There is increasing awareness of pregnant worker issues and concern about reproductive hazards; 2) Employers' views vary widely about how much leave time is acceptable for pregnant workers; 3) A growing number of corporations are adopting workplace prenatal and childbirth education programs; 4) More companies are offering cash incentives to employees to decrease the length of hospital stays for childbirth; and 5) Some employers are still negotiating maternity leave individually, using it to reward higher-level employees and those with good performance ratings. The appendices include the text of major court cases, the text of the Family and Medical Leave Act, the American College of Obstetricians and Gynecologists' guidelines for continuation of work during pregnancy, a table listing toxic substances in the workplace and their potential reproductive hazards, and sample corporate policies on pregnant workers.

Spalter-Roth, Roberta M., Claudia Withers, and Sheila R. Gibbs. *Improving employment opportunities for women workers: an assessment of the ten year economic and legal impact of the Pregnancy Discrimination Act of 1978*. Washington, DC 20036. Institute for Women's Policy Research (1400 20th St. N.W., Suite 104). 1990. 68 pp. \$15.00.

The authors see the Pregnancy Discrimination Act (PDA) as the first step in redistributing the costs of integrating paid work and family care between employers and employees. Their study concludes that the PDA is a cost-effective policy because the benefits to working women outweigh the costs to business. The Act fulfilled its function in protecting the rights of pregnant women to continue to work and retain equal benefits, terms and conditions of employment. The authors note the continued controversy over the issues of special treatment (of pregnancy vis a vis other health conditions) and fetal protection. They also conclude that the PDA is limited as a model of policymaking because it does not mandate a minimum labor standard.

Swerdlin, Marcy. *Corporate prenatal programs: healthier babies, healthier bottom line*. Washington, DC 20037. Bureau of National Affairs Plus (1231 25th St., N.W.) (BNA Special Report Series on Work & Family, Special Report #37.) January, 1991. 32 pp. \$35.00.

The author identifies three major issues that will lead companies to get involved with prenatal care: 1) Companies bear the cost of insurance, directly or indirectly, to cover the high costs for care of premature infants; 2) Women having healthy pregnancies will be absent less, work closer to delivery, return to work earlier, and take less time off to care for their newborns than women with premature or low birth weight babies; and 3) Prenatal education now means more and healthier babies, and workers, in the future. The report highlights nine prenatal programs offered by corporations, a union, and a consultant. The appendix contains a description of the March of Dimes Babies + You program.

U.S. Congress. Office of Technology Assessment. *Reproductive health hazards in the workplace*. Washington, DC 20402. Superintendent of Documents, U.S. Government Printing Office. 1985. 422 pp. o.p.

This report reviews the chemical, biological, and physical factors that may endanger the reproductive health of adults or the development and health of the fetus and child, the role of the regulatory process in preventing workplace exposure to these hazards, and the redress available through either State workers' compensation systems or lawsuits.

U.S. Department of Labor. Women's Bureau. *State maternity/family leave law*. Washington, DC 21210. (Box SMF, 200 Constitution Ave., N.W.) June, 1993. 22 pp. Free, with self-addressed mailing label.

The publication includes: an alphabetical list by state of the current minimum requirements for maternity/family leave; a table, by jurisdiction, comparing the duration and terms of leave for private sector and state employees; a table of the jurisdictions with temporary disability insurance laws that provide partial salary replacements for nonwork-related disabilities, including childbirth and pregnancy-related conditions; and the addresses and telephone numbers of the agencies charged with the enforcement and/or administration of the laws.

Vogel, Lise. *Mothers on the job: maternity policy in the U.S. workplace*. New Brunswick, NJ 08901. Rutgers University Press (109 Church St.). 1993. 202 pp. \$16.00, paperback.

Vogel examines pregnancy policies in the American workplace against the background of the equality-versus-difference feminist debates. She identifies a two-track maternity policy that has been in place in the United States for most of the twentieth century: one, providing special, and sometimes disadvantageous, treatment to white women, and the second, ignoring any special needs of women of color, treating them no differently than men. In the 1960s, feminist strategies for equality in the workplace, particularly in regard to pregnancy, proved problematic, since some interpretations of equality proved harmful to women. After reviewing the course of these interpretations in the courts, the author argues that given the legal system's peculiarities and the increasingly conservative political climate, the equality framework continues to provide a strong basis for developing pregnancy policy.