

A Qualitative Study Describing Experiences of Pregnancy Discrimination in the Workplace

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Objectives: Qualitatively assess experiences of occupational pregnancy discrimination. **Methods:** A fully remote phenomenological qualitative study was completed leveraging semistructured interviews with a sample of pregnant employees in the United States. Inclusion criteria included being pregnant, working at least 35 hours per week, employed at least 1 year at current employer, and without diagnosed depression/anxiety. **Results:** Participants (N = 20) were, on average, 30 years of age, worked 42.6 hours per week, self-identified as non-Hispanic black (50%), and earned at least a bachelor's degree (85%). Individuals successfully identified various forms of pregnancy discrimination, believing it occurred due to systemic issues or perceptions that women are weak. Most did not report experiences of discrimination fearing retaliation or being unaware of workplace protections. **Conclusion:** Pregnancy discrimination in the workplaces comes in various forms and is an issue for some working pregnant individuals.

Keywords: child health, discrimination, maternal health, occupation, pregnancy

The number of pregnant individuals currently employed has been increasing over time, with current estimates suggesting that 56% of individuals work full-time while pregnant, with 82% of those working within a month of delivery.¹ Consequently, it is important to understand exposures that may pose a health risk to pregnant employees given the consequences this may have on pregnancy and neonatal health outcomes. Occupational pregnancy discrimination may be one critical exposure influencing health outcomes. Hackney and colleagues were one of the first groups to elucidate the importance of occupational pregnancy discrimination by demonstrating the indirect effect of perceived pregnancy discrimination, with greater perceived discrimination associated with poorer health through an increase in stress.² With discrimination defined in the literature as a known source

LEARNING OUTCOMES

- To qualitatively assess experiences of pregnancy discrimination in the workplace of currently pregnant employees
- To evaluate the perceptions of pregnancy discrimination, reasons for occurrence, and significance of the issue
- To contextualize the effects social support has on the experience of occupational pregnancy discrimination

of stress, it is critical to further our understanding of the role pregnancy-related discrimination has in the workplace.³⁻⁵

Previous works by our group and others have quantitatively assessed the consequences of discrimination on pregnancy health. For example, racial discrimination is associated with adverse birth outcomes including preterm labor and low birth weight.⁶ Negative impacts on maternal health have also been reported, with those reporting racial discrimination being more likely to experience hypertensive disorders of pregnancy compared with populations that have not experienced discrimination (16.7% vs 13.4%, respectively).⁵ Findings from a study completed by our group further supported the need to look at various forms of discrimination on perinatal health, demonstrating that occupational pregnancy discrimination negatively impacts the health outcomes of both pregnant person and child. Exposure to pregnancy discrimination was associated with 10% greater odds of experiencing clinically significant depressive symptoms and 20% greater odds of experiencing clinically significant anxiety symptoms.⁷ Pregnancy discrimination was also associated with preterm birth and postpartum depression in this study.⁽⁷⁾ Collectively, these studies show that perceived discrimination in pregnancy may be an important determinant of maternal and child health, including occupational pregnancy discrimination.

It is critical to further contextualize the experiences of pregnant employees as these voices are essential in the development of evidence-based policies to support equitable occupational environments. Consequently, the purpose of this study was to describe the experiences of pregnant employees and their perceptions of occupational pregnancy discrimination. More specifically, this qualitative study aimed to answer the following research questions: (1) What is the understanding of pregnant employees concerning pregnancy discrimination in the context of an occupational setting? (2) What experiences have pregnant employees had in the workplace with occupational pregnancy discrimination (including experiences that occurred to self or other employees)? (3) What role did social support play in the experience of occupational pregnancy discrimination?

MATERIALS AND METHODS

To address the purpose of this study, a fully remote phenomenological qualitative study design was conducted, with the completion of 20 semistructured interviews. Themes were generated from participant responses to represent the experiences of pregnant employees. All study procedures and materials were approved by the University of Iowa Institutional Review Board.

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Ethical considerations and disclosures: All methods and procedures were approved by the University of Iowa Internal Review Board prior to the study start. Each participant provided informed consent prior to participation, which included a written document, a phone call with a research study member (J.D.B.) to discuss the study and answer questions, and explicit discussion that participation was voluntary.

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Participants and Recruitment

Twenty participants from a nonrepresentative nationwide sample were involved in this study. Between February and April 2023, individuals were recruited through Researchmatch.org. This website allows individuals interested in research to be contacted if profiles match the eligibility criteria of studies, resulting in a convenience sample drawn nonrandomly from a national sampling frame. Those interested in the study completed a screening form assessing eligibility, and informed consent was obtained prior to the scheduling of the virtual semistructured interview. Participants included in the study were currently pregnant, working full time (at least 35 hours per week), employed in the United States, and were employed for at least 1 year at their current employer. Individuals were excluded if they had a previous diagnosis and/or treatment of depression or anxiety. This exclusion was to control for anxiety and depression symptoms not related to the perinatal period. There was only one participant who did not attend their scheduled virtual interview and was unable to be recontacted. To protect the identity of participants, pseudonyms have been used in the reporting of results.

Data Generation

Prior to engaging in an interview with a research staff member, eligibility was confirmed, and participants completed a written informed consent document. After obtaining informed consent, participants took part in virtual one-on-one semistructured interviews conducted via Zoom by the lead investigator and first author. These interviews occurred January 2023 to March 2023.

The interview guide was informed from the results of our prior study assessing the associations of perceived occupational pregnancy discrimination in the workplace with maternal mental health and adverse pregnancy outcomes.⁷ It was further refined through collaborations with stakeholders including qualitative research experts and individuals with lived experience working while pregnant. The interview guide consisted of 17 questions relating to the perceptions of pregnancy discrimination, experiences of occupational pregnancy discrimination that occurred to self or other employees, and the perception of social support's effect on these experiences (Table 1). A semistructured interview format was selected due to the ability of the interviewer to ask follow-up questions to further explore concepts relevant to understanding the experiences of those who reported facing occupational pregnancy discrimination previously. All 17 questions were asked in the same order to each participant, with follow-up questions posed only if more details were needed from participants to help further contextualize their experiences.

Data Analysis

Audio from the semistructured interviews was recorded and then transcribed using Microsoft Word's transcription feature. For data

analysis, steps on how to analyze qualitative data outlined by Wendy E. A. Ruona were followed.⁸ To complete data preparation for analysis, transcripts were reviewed, corrected for errors, and verified for accuracy. Processing and analysis of qualitative data were completed in three steps: familiarization, coding, and generating meaning.

Familiarization was completed through relistening to audio recordings, reading transcriptions and notes taken at each interview, and actively engaging with each reviewed material. Subsequently, a spreadsheet was created to include the identification number of the participants, question number, transcription line(s), and personal notes. Transcriptions were reviewed, and major quotes for each question from each participant were then transcribed into this spreadsheet.

Coding was then completed by segmenting data pulled into the previously described spreadsheet into different themes. Once responses were coded, codes to each question were placed into larger categories to describe significant emerging themes. This laid the foundation to generate meanings from responses to each question.

Sample size was determined by saturation of themes and prior literature indicating that this occurs with 9 to 17 interviews.⁹ To account for potential dropout or incomplete interviews, we aimed to recruit a total of 20 individuals for 20 one-on-one semistructured interviews. Two authors analyzed responses and confirmed accurate coding and theme generation once completed.

RESULTS

Participant Demographics

A total of 20 individuals completed semistructured interviews, with demographic characteristics detailed in Table 2. Interviews lasted 47 minutes on average, with a range from 31 to 63 minutes. On average, participants were 30 years of age, worked 5.1 days per week, and worked 42.6 hours per week. Many participants self-identified as Black (50%), non-Hispanic (70.0%), in a married or committed relationship (70.0%), and having at least one child in the home at the time of interview (45.0%). A majority of participants had at least a bachelor's degree (85.0%) and reported a household income of \$50,000 to \$99,000 annually (45%). Positions held included managerial roles (25.0%), health care (25.0%), and service (20.0%), with some preferring not to disclose their occupational role (30.0%).

Perceptions of Pregnancy Discrimination

Interviewees were able to successfully identify aspects of the definition of occupational pregnancy discrimination described in the 1978 Pregnancy Discrimination Act.¹⁰ Examples given provided a range of different types of pregnancy discrimination, including discriminatory social interactions such as "people avoiding you" or being "treated differently from other members at the place of work" who are

TABLE 1. Sample of Interview Guide

Perceptions of pregnancy discrimination	<ul style="list-style-type: none"> • How would you define pregnancy discrimination? • What would pregnancy discrimination look like in the workplace? • What would pregnancy discrimination look like outside of the workplace? • Why do you think pregnancy discrimination happens? • How frequently do you think individuals who are pregnant experience discrimination? • Why do you think most of these individuals do not report to someone about experiencing pregnancy discrimination in the workplace?
Experiences of pregnancy discrimination	<ul style="list-style-type: none"> • Have you ever witnessed pregnancy discrimination in your place of work? • Have you ever experienced pregnancy discrimination in your place of work? <ul style="list-style-type: none"> ○ How did this make you feel? ○ How did this affect you? ○ How did you handle witnessing this? • How does your workplace protect you from pregnancy discrimination?
Perceptions of social support	<ul style="list-style-type: none"> • Can you describe your support system? • How does your support system help you when you are stressed? • How does your support system affect your experience with pregnancy discrimination?

TABLE 2. Demographic Characteristics of Interviewees (N = 20)

Participant Characteristics	
Age, mean ± SD, y	30.0 ± 5.7
Race, n (%)	
White	4 (20)
Black	10 (50)
Native Hawaiian or Pacific Islander	1 (5)
Did not respond	5 (25)
Hispanic, n (%)	6 (30)
Marital status, n (%)	
Married or in a committed relationship	14 (70)
Education, n (%)	
High school graduate or equivalent	3 (15)
Bachelor's degree	8 (40)
Master or doctoral degree	5 (25)
Did not report	4 (20)
Annual household income, n (%)	
\$25,000–49,999	1 (5)
\$50,000–\$99,999	9 (45)
\$100,000–149,999	1 (5)
>\$150,000	5 (25)
Did not report	4 (20)
Parity, n (%)	
No children	6 (30)
One child	4 (20)
Two children	2 (10)
Three or more children	3 (15)
Did not report	5 (25)
Average workdays per week, mean ± SD	5.1 ± 0.6
Average hours per week, mean ± SD	42.6 ± 5.0

not currently pregnant. This range was also reflected in who engaged in the discriminatory behavior and included the employer (eg, supervisors) or other peers. Discrimination was also defined as missing out on opportunities or not being able to “move up the ladder” based on pregnancy status and unfair firing practices. Multiple individuals indicated that pregnancy discrimination may affect all points of employment, from the hiring of individuals, during employment, and while discussing return to work after delivery. Responses also highlighted potential interactions between pregnancy and sex-based discrimination.

My understanding would be [pregnancy discrimination] is like any type of unfair or biased treatment towards, I think both women who are expecting and even women who are at the age where they might have kids. I think sometimes that can be a factor in hiring. That discrimination could be both in the hiring process and at work duties at work expectations and even the post. —Rachel

Most interviewees indicated that pregnancy discrimination is something they thought happened all too often. Responses also indicated that frequency of pregnancy discrimination occurrence may vary by job type.

You know something that is more demanding or more physically taxing they'll probably experience more than someone that is working at a desk because it is again less taxing... You know, again, pressure is like, oh yeah, you better not have a cesarean, cause you'll be out longer. —Trina

Although pregnancy discrimination was perceived to happen often, hesitation with reporting pregnancy discrimination was a theme that was revealed in responses. Some individuals indicated that the outcome of reporting could “lead to different things” and “a lot of people just think it's not worth the stress they have to go through.” Fear was also another major theme to come out of probing interviewees why individuals do not report its occurrence, stating “maybe the reason why most people do not report it is because some people, most people, don't want to lose their job.” Although many participants were able to identify aspects of occupational pregnancy discrimination,

some indicated that this was a “normal” experience to have and that there was a lack of awareness of workplace protections in place.

I think like people don't realize this, it's an issue they think it is just normal. —Grace

The reason for pregnancy discrimination was described as rooted in larger social and systemic issues.

I think there's this stereotype that pregnant women are not meant to do some things or that they do not have the strength it takes. A stereotype that pregnant women are meant to be treated like eggs. —Marjorie

One participant also highlighted how the experience of pregnancy discrimination must be recognized in the context of intersectional identities:

I think the employer, they undervalued [pregnant employees] and treat them as if they are less deserving of respect, especially if they are black... —Hannah

The impact of pregnancy discrimination on mental health was overwhelmingly recognized, with some individuals connecting this influence on mental health to physical health of the individual and their unborn child.

I think it influences the mental health. Because by the time you start destroying your self-esteem, you start feeling depressed. Because of that, you might not eat well, or you might overeat. You might not really want to talk to people you know. You might just try to withdraw into your own shell and at the end of the day it's going to affect even the baby. —Anna

Most agreed they perceived the issue of pregnancy discrimination to require changes in the workplace to support the health of those working while pregnant. Improved education, such as “helping with the laws and how long [pregnant workers] can take off,” that “there is this kind of institution in place that can protect [pregnant workers]” by having conversations in the workplace, and “talking about the importance of respecting pregnant women and the changes that come along pregnancy” because “some people don't actually know that what they are doing is pregnancy discrimination” would be desired changes. Additional policies including “flexibility in work location” and “accommodating time off for doctor's appointment” were also suggested.

Experiences of Pregnancy Discrimination

Of the 20 participants interviewed, 12 indicated previously witnessing another employee experience pregnancy discrimination in their place of work. Examples included unfair firing practices, loss of promotion, and lack of appropriate accommodations. This led to feelings of “fearing [their] workplace” and uneasiness surrounding participants' own pregnancies.

It kind of affected my self-esteem because there were some, you know, when I got pregnant, I was aware maybe how things were going to go or what was going to be said. —Anna

Individuals reported a large range of pregnancy discrimination experienced personally, including negative social interactions, lack of reasonable accommodations, loss of opportunities, and unfair firing practices. When individuals requested time off, it was met with pushback from management due to it being busy season so “they refused to give the time off,” even though the pregnant employee “really needed it because [they were] overworking and having back pain.” Others expressed that coworkers did not support accommodations as well, with one saying, “No, who do you think you are? You are not so special” when responding to a pregnant employee's request to switch shifts. Even if individuals wanted to leave their current work environment, financial insecurity made this difficult.

I'm thinking maybe I'm going to leave my job but I can't afford to. But if I work too much without time off, I feel dizzy... I'm having headaches. So I've been looking for various ways in

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which I can just overcome this because I don't want to lose the job now. — Josie

When participants were asked their feelings about reporting pregnancy discrimination that they witnessed or experienced, responses were mixed. Some were against it, expressing a “fear of retaliation,” that they “do not really like to make waves,” and when witnessing others experience pregnancy discrimination would “rather help the person and give the person comfort” than report. Others indicated that they “think it is a good idea to report” or would report once they “figured out how to go about doing it.” Another stated that if they had “someone who could help [them] stand up for themselves” they would report it.

Perceptions of Social Support

Each participant indicated having one or more sources of social support, whether from their partner, kids, other family members, or coworkers. When asked how their social support system helps with their stress, various types of support including instrumental, appraisal, and emotional support were reported. Some indicated receiving instrumental support by “sharing childcare duties,” having friends help with “little stuff like house errands,” or children being “very helpful with chores.” Others provided social support by “uplifting spirits” or “checking up” after a hard week and discussing ways “how to solve” certain life stressors. When interviewees were asked how their support system affected their experiences with pregnancy discrimination, similar themes arose. This included instrumental support, such as “if going to the hospital, [my partner] is always there to drive me around” and coworkers pitching in to reduce workload and “helping with work where able.” Aside from emotion support, most expressed how their support system helped through providing advice surrounding pregnancy discrimination.

I would use them as a sounding board and kind of consult as to whether or not it was something that other people saw as discriminatory, too. —Rebecca

DISCUSSION

From our qualitative study, interviewee responses indicated that they understood various forms of pregnancy discrimination that may occur in the workplace, whether poor social treatment, loss of opportunities, or lack of accommodations due to their health status. Most indicated that they felt discrimination occurred due to systemic issues and perceptions that women are weak. It was also revealed through responses that individuals did not report experiences of occupational pregnancy discrimination due to fear of retaliation, feeling like action would lead to no solutions, lack of awareness of policies and procedures in place, or that some may not recognize pregnancy discrimination as an issue. Experiences of pregnancy discrimination in the workplace were broad and included various types at different levels of severity. Strong social support was an important theme that occurred in responses with many participants indicating that they sought the advice and opinions of friends and family concerning their experiences of occupational pregnancy discrimination.

The issue of occupational pregnancy discrimination in relation to maternal and child health reflects larger social and political climates that exist in the United States. Currently, the United States is the only developed country without a federal policy guaranteeing paid time off for new parents.¹¹ Paid maternity leave has previously been associated with improved maternal mental health, higher rates of breastfeeding, reduced rates of low birth weight, and fewer infant deaths.^{10–12} With maternal mortality rates higher in the United States than other developed nations and double that of Canada, occupational policies protecting pregnant employees during and after pregnancy are imperative.¹³ It is essential that solutions to promote the health of pregnant employees are equitable and recognize the intersectional nature of discrimination. The differences in maternal mortality rates among different

ethnicities in the United States, with Non-Hispanic Black individuals over twice as likely to die of pregnancy-related complications, highlight stark disparities that need intersectional solutions.¹³ To truly create an equitable work environment, policies should aim to protect individuals not only from pregnancy discrimination, but other forms as well (eg, racial, sex, etc).

Discussions concerning occupational pregnancy discrimination with interviewees also highlighted the disparities faced by birthing populations to achieve success in their careers. Overall, women make less than men on average as described by the gender wage inequality gap.¹³ Further, only 6% of CEO positions at the S&P 500 companies are held by women.¹⁴ Various studies have investigated the effects of motherhood on careers. Employed birthing populations have described the overwhelming role of being the primary caregivers to their children, for which these extra responsibilities on top of a full-time job have been coined the term “second shift.”¹⁵ This “second shift” leads to an inability to maintain prepregnancy work habits, subsequently increasing stress and restricting professional development.^{16–18} Consequently, this demonstrates the critical need for occupational policies to protect childbearing individuals to support the success and health of all employees.

This is the first known study to conduct semistructured one-on-one interviews with currently employed pregnant persons to contextualize their experiences with occupational pregnancy discrimination. Despite this, interpretation of results must be done with some caution, given the limitations of this study. With the ability for individuals to voluntarily sign up and take part in this study, selection bias may affect results due to potential differences between those who participated and those who did not, making results not generalizable. In addition, this was not a nationally representative sample with a greater proportion of individuals self-identifying as non-Hispanic Black in our study compared with nationwide statistics. Thus, our findings may reflect intersectionality and the compounding effects of inequity based on individuals' various identities, suggesting that certain populations who experience systemic oppression (eg, Black Americans) may also be more likely to experience pregnancy discrimination.

CONCLUSION

With increasing numbers of childbearing-aged individuals in the workforce, occupational policies that support the health and well-being of pregnant employees are critical in supporting maternal and child health in the United States. Our study highlighted the voices of individuals expressing that occupational pregnancy discrimination is an important issue that appears in various forms, such as social isolation and fewer opportunities. Further studies should further contextualize pregnancy discrimination through an intersectional lens to understand the potential interactions between various types of discrimination an individual may experience.

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REFERENCES

1. Jackson R, Birsner ML, Terman S, Morris L. ACOG Committee opinion no. 733: employment considerations during pregnancy and the postpartum period. *Obstet Gynecol* 2018;131:E115–E123.
2. Hackney K, Mandeville A, Daniels S, Eaton A. Examining the effects of perceived pregnancy discrimination on mother and baby health. *J Appl Psychol* 2021;106:774–783.
3. Woods SM, Melville JL, Guo Y, Fan MY, Gavin A. Psychosocial stress during pregnancy. *Am J Obstet Gynecol* 2010;202:61.e1–61.e7.
4. Ajrouch KJ, Reisine S, Lim S, Sohn W, Ismail A. Perceived everyday discrimination and psychological distress: does social support matter? *Ethn Health* 2010;15:417–434.

5. van Daalen KR, Kaiser J, Kebede S, et al. Racial discrimination and adverse pregnancy outcomes: a systematic review and meta-analysis. *BMJ Glob Health* 2022;7:e009227.
6. Grobman WA, Parker CB, Willinger M, et al. Racial disparities in adverse pregnancy outcomes and psychosocial stress. *Obstet Gynecol* 2018;131:328–335.
7. Borrowman JD, Unke M, Jones M, Whitaker KM. Occupational pregnancy discrimination is associated with negative health impacts for pregnant persons and their children. *J Occup Environ Med* 2023;65:e791–e796 Published online September 25, 2023.
8. Swanson RA, Holton EF. *Research in Organizations: Foundations and Methods in Inquiry*. Oakland, California; 2005.
9. Hennink M, Kaiser BN. Sample sizes for saturation in qualitative research: a systematic review of empirical tests. *Soc Sci Med* 2022;292:114523.
10. The Pregnancy Discrimination Act of 1978. US EEOC. Accessed June 26, 2023. <https://www.eeoc.gov/statutes/pregnancy-discrimination-act-1978>
11. Burtle A, Bezruchka S. Population health and paid parental leave: what the United States can learn from two decades of research. *Healthcare* 2016;4:30.
12. Baker M, Milligan K. Maternal employment, breastfeeding, and health: evidence from maternity leave mandates. *J Health Econ* 2008;27:871–887.
13. Murphy L, Liu F. A new perspective on the maternal mortality disparity. *Nurs Forum* 2022;57:171–176.
14. Gharehgozli O, Atal V. Revisiting the gender wage gap in the United States. *Econ Anal Policy* 2020;66:207–216.
15. Maranto CL, Griffin AE. The antecedents of a ‘chilly climate’ for women faculty in higher education. *Hum Relat* 2011;64:139–159.
16. Wolf-Wendel LE, Ward K. Academic life and motherhood: variations by institutional type. *High Educ* 2006;52:487–521.
17. Cai C, Vandermeer B, Khurana R, et al. The impact of occupational shift work and working hours during pregnancy on health outcomes: a systematic review and meta-analysis. *Am J Obstet Gynecol* 2019;221:563–576.
18. Ruhm CJ. Parental leave and child health. *J Health Econ* 2000;19:931–960.