



**NATIONAL
WOMEN'S
LAW CENTER**

Justice for Her. Justice for All.

OCTOBER 2021 | FACT SHEET

Pregnant Workers Need Accommodations for Safe and Healthy Workplaces

By Jasmine Tucker, Sarah Javaid, and Sarah David Heydemann

No one should have to choose between a paycheck and a healthy pregnancy. The Pregnant Workers Fairness Act (PWFA) would ensure that pregnant workers receive workplace accommodations when they need them by requiring employers to make the same sorts of accommodations for pregnancy, childbirth, and related medical conditions that the Americans with Disabilities Act (ADA) requires employers to make for workers with disabilities. This enables pregnant workers to continue to do their jobs and support their families without risking their health. Because pregnancy itself is temporary, these accommodations would also be temporary, and often no-cost or low-cost, such as providing a stool to sit on rather than requiring a pregnant employee to stand during a shift or allowing a pregnant worker to keep a bottle of water by their workstation. Providing accommodations ensures that people can work safely while pregnant instead of getting pushed out of work.

The Pregnant Workers Fairness Act is especially important considering that many pregnant workers work in physically demanding or hazardous jobs, and thus may be especially likely to need reasonable temporary accommodations at some point during their pregnancy. As the data in this analysis shows, many pregnant workers hold jobs that require standing and making continuous movements, which can raise particular challenges during pregnancy. Research shows that physically demanding work—including jobs that require prolonged standing, long work hours, irregular work schedules, heavy lifting, or high physical activity—carries an increased risk of preterm delivery and low birth weight, both of which can be associated with life-long health conditions for the child.¹ Some jobs held by pregnant workers may require accommodations because they involve potential exposure to infectious disease daily at work, including COVID-19. Certain illnesses contracted during pregnancy can cause severe complications including preterm birth, miscarriage, and stillbirth.²

Nearly one in six pregnant workers are employed in low-paid jobs,³ which are particularly likely to be physically demanding.⁴ Pregnant Black and Latinx workers are disproportionately represented in low-paid jobs and thus are especially likely to continuously stand, make repetitive motions, be exposed to disease,

and have less flexible schedules at work.⁵ This leaves low-paid pregnant workers more vulnerable to health effects of physically demanding work, including preterm birth, low birth weight, miscarriage, and stillbirth—and therefore, they may be more likely to need accommodations at some point during pregnancy to continue to work safely and prevent pregnancy complications. Preterm birth and low birth weight can influence life-long behavioral, mental health, and neurological issues⁶ that can hinder income growth later in life, perpetuating a cycle of low-paid work and poor health.⁷ The Pregnant Workers Fairness Act has the potential to affect generations of families contributing towards a reduction of not only economic disparities, but also racial health disparities for Black and Latinx workers.

The jobs that pregnant workers are most likely to work in make up the backbone of our communities, including nurses and elementary and middle school teachers, and have been essential during the COVID-19 pandemic.⁸ The people teaching our children and caring for our communities deserve to be able to work safely while they are pregnant. The PWFA will ensure that pregnant workers get the accommodations they need to stay safely employed and have healthy pregnancies.

Making accommodations for pregnant workers is not a burden on employers.

- Even in the occupations where pregnant people are most likely to work, only a very small share of an employer’s workforce is likely to require pregnancy accommodations.
- Less than 2% of all workers in the U.S. are pregnant each year (1.5% in 2019, for example).⁹ Many individuals are able to work through pregnancy without requiring any change on the job, so only a fraction of that 1.5% will need accommodations.
- In 2019, 10 occupations employed more than one in four pregnant workers (26.8%) (see table below). Even in these occupations where pregnant workers were most likely to be employed, they made up a small share of total workers. For example, pregnant workers are most likely to work as registered nurses; 5.3% of pregnant workers were employed in this job in 2019, but just 3.7% of all registered nurses were pregnant in 2019.

FIGURE 1. TEN MOST COMMON OCCUPATIONS FOR PREGNANT WORKERS

	Occupation	Number of Pregnant Workers in Occupation in 2019	Median Hourly Wage	Percent of All Workers in Occupation Who Were Pregnant in 2019
1	Registered nurses	125,803	\$36.22	3.7%
2	Elementary and middle school teachers	91,281	\$31.39	3.1%
3	Cashiers	75,093	\$12.03	2.3%
4	Customer service representatives	58,392	\$17.23	2.0%
5	Nursing assistants	52,068	\$14.83	3.6%
6	Restaurant servers	51,494	\$11.42	2.4%
7	First-line supervisors of retail sales workers	46,831	\$19.99	1.5%
8	Other managers	46,735	-	1.1%
9	Secretaries and administrative assistants, except legal, medical, and executive	45,977	\$19.71	1.9%
10	Receptionists and information clerks	42,173	\$14.96	3.2%

Source: NWLC calculations using 2019 ACS, accessed through Ruggles et al., IPUMS USA. The percentage of pregnant workers in the occupation are the share of workers in the occupation who have given birth in the last year. Rank is based on the share of pregnant workers working in each occupation. NWLC hourly wage calculations using Bureau of Labor Statistics (BLS), “May 2020 National Occupational Employment and Wage Estimates,” Occupational Employment and Wage Statistics (Washington, DC: May 2020), https://www.bls.gov/oes/current/oes_nat.htm. Wage data for elementary and middle school teachers are only available annually. In order to reach an hourly wage, we took the median annual salary of \$65,300 and divided by 2,080 hours. However, there are limitations in this figure given that many teachers are not necessarily full-time, year-round workers. “Other managers” are those that do not fit into specific management occupations (such as marketing managers or human resource managers). BLS does not report the median hourly wage for the occupation of other managers. To keep jobs listed gender neutral, we use the term “restaurant servers” to refer to what is called “waiters and waitresses” in both sources.

Many of the most common occupations for pregnant workers involve standing and making repetitive motions continuously on the job, which can pose challenges to some pregnant workers at points in their pregnancy.¹⁰

- Workers employed in several of the most common occupations for pregnant workers—registered nurses, elementary and middle school teachers,¹¹ cashiers, nursing assistants, restaurant servers, and first-line supervisors of retail sales workers—report high rates of continuously standing on the job (see Figure 2). Prolonged standing at work has been shown to increase the risks of preterm birth, miscarriage, and stillbirth,¹² and more than triples the odds of pregnant workers taking leave during pregnancy or becoming unemployed.¹³
- Workers employed in several of the most common occupations for pregnant workers—registered nurses, cashiers, customer service representatives, nursing assistants, restaurant servers, first-line supervisors of retail sales workers, secretaries and administrative assistants, and receptionists and information clerks—report high rates of making repetitive motions continuously on the job (see Figure 2). Repetitive motions have been shown to increase the likelihood of pregnant workers taking sick leave.¹⁴
- Three of the most common occupations for pregnant workers—restaurant servers, nursing assistants, and cashiers—have high rates of both continuously standing and making repetitive motions on the job (see Figure 2).
- Providing accommodations, such as a stool to sit on, additional breaks, or a temporary adjustment in job duties, can help keep pregnant people working safely throughout their pregnancies and prevent negative health outcomes for pregnant workers.

FIGURE 2. PERCENT OF TIME MAKING REPETITIVE MOTIONS, CONTINUOUSLY STANDING, AND EXPOSURE TO DISEASE AMONG MOST COMMON OCCUPATIONS FOR PREGNANT WORKERS

	Occupation	Percent of Time Making Repetitive motions	Percent of Time Continuously Standing	Percent of Time Exposed to Disease
1	Registered nurses	41%	50%	81%
2	Elementary and middle school teachers	30-33%	66-78%	46-54%
3	Cashiers	66%	79%	28%
4	Customer service representatives	60%	21%	5%
5	Nursing assistants	62%	85%	81%
6	Restaurant servers	72%	92%	16%
7	First-line supervisors of retail sales workers	43%	72%	10%
8	Other managers	-	-	-
9	Secretaries and administrative assistants, except legal, medical, and executive	51%	25%	29%
10	Receptionists and information clerks	61%	24%	31%

Source: O*NET OnLine by the National Center for O*NET Development (O*NET OnLine), <http://www.onetonline.org/>. Percentages are how often workers reported standing continuously or almost continuously, making repetitive motions continuously or almost continuously, and exposed to disease continuously or almost continuously at work. The most common occupations for pregnant workers are NWLC calculations using 2019 ACS, accessed through Ruggles et al., IPUMS USA. In the ACS, elementary and middle school teachers are grouped as one occupation. Their shares of time spent in various workplace conditions are shown as ranges because O*NET provides data for two separate occupations: elementary school teachers, except special education and middle school teachers, except special and career/technical education. "Other managers" are those that do not fit into specific management occupations (such as marketing managers or human resource managers). O*Net does not report work context data for "other managers." To keep jobs listed gender neutral, we use the term "restaurant servers" to refer to what is called "waiters and waitresses" in both sources.

Pregnant workers may need accommodations to minimize exposure to infectious diseases that can be particularly harmful during pregnancy—especially when they work in jobs with high risk of such exposure.

- Registered nurses, the most common occupation for pregnant workers, and nursing assistants, the fifth most common, are both exposed to disease and infection at work 81% of the time.
- Elementary and middle school teachers, the second most common occupation for pregnant workers, are exposed to disease between 46% and 54% of the time.¹⁵
- When pregnant workers are exposed to some diseases, they face particular health risks. For example, pregnant people with rubella are at risk for miscarriage or stillbirth and their developing fetuses are at risk for severe birth defects.¹⁶ Cytomegalovirus, a disease passed from pregnant person to the fetus while in the uterus, can cause microencephaly and hearing loss in babies.¹⁷

Pregnant workers on the front lines of the COVID-19 pandemic may need temporary accommodations.

- Workers such as registered nurses and nursing assistants have performed these essential roles while facing an elevated risk of exposure to COVID-19 throughout the pandemic. Pregnant people are at increased risk for infection; one study conducted before vaccines were available shows pregnant people with infection rates 70% higher than similarly aged people who are not pregnant.¹⁸ While the vaccine is now available for pregnant people, breakthrough infections remain a significant risk, especially considering that COVID-19 increases the risk for preterm birth and could increase the risk for stillbirths and cesarean sections.¹⁹
- Pregnant people exposed to stressors like the pandemic may also be more vulnerable to developing mental health issues than non-pregnant people.²⁰ On top of exposure to the virus, front-line workers face worsening mental health including depression, anxiety, and psychological distress, as well as emotional and physical stress.²¹ Anxiety, depression, and stress can increase the likelihood for preterm birth, low birth weights, and affect the neurodevelopment of the fetus causing prolonged health conditions²² that in combination with COVID-19 infection,²² dramatically increases health risks for pregnant workers.
- Accommodations for pregnant workers at high risk of contracting COVID-19 could involve temporarily working in another unit of a hospital where there is less risk for contracting disease, such as working with people not infected with COVID-19, ensuring a pregnant worker has properly fitting personal protective equipment, or being allowed to commute at a time when public transit is less crowded so as to minimize time spent in large crowds.

Nearly one in six pregnant people work in a low-paid job. Pregnant workers who hold low-paid jobs are especially likely to have inflexible working conditions.

- Nearly one in six (16.4%) pregnant workers works in a low-paid job.²³
- Pregnant workers in low-paid jobs may be particularly likely to need the protections of the Pregnant Workers Fairness Act to ensure they receive accommodations, because in addition to the often physically demanding nature of their jobs, they frequently face inflexible workplaces that make it difficult to informally address pregnancy-related needs. For instance, workplace flexibility—such as the ability to alter start and end times or take time off for a doctor’s appointment—is extremely limited for workers in low-paid jobs. Of the 25% lowest paid workers in 2020, 92% did not have access to a flexible work schedule.²⁴

Black and Latinx workers are disproportionately represented in low-paid jobs.

- Nearly one in four employed pregnant Black and Latinx workers are in low-paid jobs (23.8% and 24.6%, respectively).
- Many of the most common occupations for pregnant Black workers require workers to make repetitive motions, stand

continuously, and expose workers to disease (see Figure 3). For example, nursing assistants, the second most common job for Black pregnant workers, report making repetitive motions, such as bending at the waist repeatedly, 62% percent of the time, standing continuously 85% of the time, and being exposed to disease 81% of the time.

- The third most common occupation for pregnant Latinx workers—maids and housekeeping cleaners—is particularly physically demanding (see Figure 4). Maids and housekeeping cleaners reported making repetitive motions continuously 94% of the time, standing continuously 95% of the time, and being exposed to disease 45% of the time.
- Hazardous workplace conditions create greater disparities for Black and Latinx workers who are especially likely to stand continuously, make repetitive motions, have exposure to disease, and have inflexible schedules at work. As a result, Black and Latinx workers who do not have access to pregnancy accommodations are also likely to face disproportionately poor health consequences for themselves and their pregnancies.

FIGURE 3. FIVE MOST COMMON OCCUPATIONS FOR PREGNANT BLACK WORKERS

	Occupation	Median Hourly Wage	Percent of Time Making Repetitive motions	Percent of Time Continuously Standing	Percent of Time Exposed to Disease
1	Cashiers	\$12.03	66%	79%	28%
2	Nursing assistants	\$14.83	62%	85%	81%
3	Customer service representatives	\$17.23	60%	21%	5%
4	Registered nurses	\$36.22	41%	50%	81%
5	Personal care aides	\$13.02	46%	76%	62%

Source: NWLC calculations using 2019 ACS, accessed through Ruggles et al., IPUMS USA. The percentage of pregnant workers in the occupation is calculated by reference to the share of workers in the occupation who have given birth in the last year. NWLC hourly wage calculations using Bureau of Labor Statistics (BLS), “May 2020 National Occupational Employment and Wage Estimates,” Occupational Employment and Wage Statistics (Washington, DC: May 2020), https://www.bls.gov/oes/current/oes_nat.htm. O*NET OnLine by the National Center for O*NET Development (O*NET OnLine), <http://www.onetonline.org/>. Percentages are how often workers reported standing continuously or almost continuously, making repetitive motions continuously or almost continuously, and exposed to disease continuously or almost continuously at work.

FIGURE 4. FIVE MOST COMMON OCCUPATIONS FOR PREGNANT LATINX WORKERS

	Occupation	Median Hourly Wage	Percent of Time Making Repetitive Motions	Percent of Time Standing Continuously	Percent of Time Exposed to Disease
1	Cashiers	\$12.03	66%	79%	28%
2	Customer service representatives	\$17.23	60%	21%	5%
3	Maids and housekeeping cleaners	\$12.61	94%	95%	45%
4	Waiters and waitresses	\$11.42	72%	92%	16%
5	Receptionists and information clerks	\$14.96	61%	24%	31%

Source: NWLC calculations using 2019 ACS, accessed through Ruggles et al., IPUMS USA. The percentage of pregnant workers in the occupation is calculated by reference to the share of workers in the occupation who have given birth in the last year. NWLC hourly wage calculations using Bureau of Labor Statistics (BLS), “May 2020 National Occupational Employment and Wage Estimates,” Occupational Employment and Wage Statistics (Washington, DC: May 2020), https://www.bls.gov/oes/current/oes_nat.htm. O*NET OnLine by the National Center for O*NET Development (O*NET OnLine), <http://www.onetonline.org/>. Percentages are how often workers reported standing continuously or almost continuously, making repetitive motions continuously or almost continuously, and exposed to disease continuously or almost continuously at work. To keep jobs listed gender neutral, we use the term “restaurant servers” to refer to what is called “waiters and waitresses” in both sources.

Pregnant workers need the Pregnant Workers Fairness Act.

The data shows that many pregnant workers face physical demands and disease risks in their workplaces that can pose challenges and health consequences to some pregnant workers. Clear rights to reasonable accommodations on the job, which the Pregnant Workers Fairness Act would provide, will help ensure that these workers can stay healthy while working, and are not forced off the job when they can least afford it.

Methodology

This report uses data from the 2019 American Community Survey (ACS) 1- year estimates using IPUMS-USA and the U.S. Department of Labor (DOL) O*NET OnLine Database to provide a landscape of where pregnant workers work and what physical demands they face on the job. The ONET Program is developed under the U.S. Department of Labor/Employment and Training Administration and is the primary source of occupational information in the U.S. ONET's online database contains standardized and occupation-specific descriptors on approximately 1,000 occupations.

We began our analysis by determining the most common occupations among pregnant workers in 2019 using IPUMS. We then searched for these occupations in O*NET's database and investigated their descriptors under the category "Work Context – Physical Work Conditions" (a full list of indicators is available at https://www.onetonline.org/find/descriptor/browse/Work_Context/4.C.2/). We recorded the percent of employees in each occupation that responded standing, making repetitive motions, or being exposed to disease or infections continuously or almost continuously while on the job. A cutoff of 40% or higher was used to determine if employees spent a significant amount of time performing these physical work conditions while at work. In a few instances, occupational definitions used by ACS did not correspond exactly with definitions used by O*NET. In these cases, we selected a similar but not exact O*NET occupation(s) to serve as a proxy for the most common occupations among pregnant workers. More information about proxy occupations can be found in the endnotes section.

-
- 1 See, Letter from Wendy Chavkin, MD, MPH, to New York City Council Member James Vacca, (Nov. 29, 2012), <https://www.abetterbalance.org/resources/chavkin-letter/> and The National Institute for Occupational Safety and Health "Reproductive Health and the Workplace" (Centers for Disease Control and Prevention, Nov 2019), <https://www.cdc.gov/niosh/topics/repro/physicaldemands.html>.
 - 2 Lisa Hollier "Coronavirus (COVID-19), Pregnancy, and Breastfeeding: A Message for Patients" (The American College of Obstetricians and Gynecologists, August 2021), <https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding> and Bethany Kotlar, Emily Gerson, Sophia Petrillo, Ana Langer, and Henning Tiemeier, *The Impact of COVID-19 pandemic on maternal and perinatal health: a scoping review*, (Reproductive Health, January 2021), <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01070-6>.
 - 3 NWLC calculations using 2019 American Community Survey (ACS), accessed through Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek, *Integrated Public Use Microdata Series USA* (IPUMS USA): Version 11.0 (Minneapolis: University of Minnesota, 2021), <https://doi.org/10.18128/DO10.V11.0>. Pregnant workers are defined as those who gave birth within the past year. NWLC defines low-paid occupations as those in the 40 lowest paying jobs from Bureau of Labor Statistics (BLS), May 2018 National Occupational Employment & Wage Estimates, https://www.bls.gov/oes/2018/may/oes_nat.htm.
 - 4 Jasmine Tucker and Julie Vogtman, "When Hard Work is Not Enough: Women in Low Paid Jobs" (National Women's Law Center, April 2020), https://nwlc.org/wp-content/uploads/2020/04/Women-in-Low-Paid-Jobs-report_pp04-FINAL-4.2.pdf.
 - 5 NWLC calculations using 2019 American Community Survey (ACS), accessed through Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek, *Integrated Public Use Microdata Series USA* (IPUMS USA): Version 11.0 (Minneapolis: University of Minnesota, 2021), <https://doi.org/10.18128/DO10.V11.0>.
 - 6 "Long Term Health Effects of Premature Birth," *March of Dimes*, October 2019, <https://www.marchofdimes.org/complications/long-term-health-effects-of-premature-birth.aspx>.
 - 7 Andrew Yarrow, "How Low Wages Hurt Families and Perpetuate Poverty" (Coalition on Human Needs, April 2015), <https://www.chn.org/voices/how-low-wages-hurt-families-and-perpetuate-poverty/>.
 - 8 NWLC calculations using 2019 American Community Survey (ACS), accessed through Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek, *Integrated Public Use Microdata Series USA* (IPUMS USA): Version 11.0 (Minneapolis: University of Minnesota, 2021), <https://doi.org/10.18128/DO10.V11.0>. Pregnant workers are defined as those who gave birth within the past year.
 - 9 NWLC calculations using 2019 American Community Survey (ACS), accessed through Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek, *Integrated Public Use Microdata Series USA* (IPUMS USA): Version 11.0 (Minneapolis: University of Minnesota, 2021), <https://doi.org/10.18128/DO10.V11.0>. Pregnant workers are defined as those who gave birth within the past year.
 - 10 Occupational data are from O*NET OnLine, National Center for O*NET Development, [available at www.onetonline.org/](http://www.onetonline.org/). In some cases, researchers selected similar but not exact occupation(s) to serve as a proxy for ACS and/or O*NET occupation(s) due to inconsistencies between data sources. Occupations were considered physically demanding or hazardous if workers reported performing activities continuously or almost continuously 40% of the time while at work.
 - 11 The ACS reports a combined occupation of elementary and middle school teachers while O*NET reports separate occupations of "Middle School Teachers, Except Special and Career/Technical Education" and "Elementary School Teachers, Except Special Education."
 - 12 Thomas R. Waters, and Robert B. Dick, "Evidence of Health Risks Associated with Prolonged Standing at Work and Intervention Effectiveness," *Rehabilitation Nursing: The Official Journal of the Association of Rehabilitation Nurses* 148-165 vol 40(3), (July 2014), doi: 10.1002/rnj.166 available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4591921/>.

- 13 See e.g. Sylvia Guendelman et al., Biomechanical and organizational stressors and associations with employment withdrawal among pregnant workers: evidence and implications, *Ergonomics*, Vol. 59, No. 12 (Feb. 2016).
- 14 See, e.g. Jean-Bernard Henrotin et al., Exposure to occupational hazards for pregnancy and sick leave in pregnant workers: a cross sectional study, *Annals of Occupational and Environmental Medicine*, Vol. 29, No. 12 (May 2017).
- 15 O*NET reports separate statistics for elementary school teachers, except special education and middle school teachers, except special and career/technical education, therefore the range of exposure to disease includes data from both occupations.
- 16 See Centers for Disease Control and Prevention, Pregnancy and Rubella (2017), available at <https://www.cdc.gov/rubella/pregnancy.html>.
- 17 Centers for Disease Control and Prevention, Cytomegalovirus (CMV) and Congenital CMV Infection (2018), available at <https://www.cdc.gov/cmvcongenital-infection.html>.
- 18 Erica Lokken, Gray Taylor, Emily Huebner, Jeroen Vanderhoeven, Sarah Hendrickson, Brahm Coler, Jessica Sheng, Christie Walker, Stephen McCartney, Nicole Kretzer, Rebecca Resnick, Alisa Kachikis, Nena Barnhart, Vera Schulte, Brittany Bergam, Kimberly Ma, Catherine Albright, Valerie Larios, Lori Kelley, Victoria Larios, Sharilyn Emhoff, Jasmine Rah, Kristin Retzlaff, Chad Thomas, Bettina Paek, Rita Hsu, Anne Erickson, Andrew Change, Timothy Mitchell, Joseph Hwang, Rebecca Gourley, Stephen Erickson, Shani Delaney, Carolyn Kline, Karen Archabal, Michela Blain, Sylvia LaCourse, Kristina Adams Waldorf, "Higher severe acute respiratory syndrome coronavirus 2 infection rate in pregnant patients," *American Journal of Obstetrics & Gynecology* 225, 1 (July 2021): 75.E1-75E16. <https://doi.org/10.1016/j.ajog.2021.02.011>
- 19 Lisa Hollier "Coronavirus (COVID-19), Pregnancy, and Breastfeeding: A Message for Patients," *The American College of Obstetricians and Gynecologists*, (August 2021), <https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding> and Bethany Kotlar, Emily Gerson, Sophia Petrillo, Ana Langer, and Henning Tiemeier, "The Impact of COVID-19 Pandemic on Maternal and Perinatal Health: A Scoping Review", *Reproductive Health*, (January 2021), <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01070-6>.
- 20 Megan Smith, Lin Shao, Heather Howell, Haiqun Lin & Kimberly Yonkers, "Perinatal depression and birth outcomes in a healthy start project," *Maternal and Child Health Journal* 15, (March 2020) 401-409. <https://doi.org/10.1007/s10995-010-0595-6>
- 21 John Z. Ayaninan, "Mental Health Needs of Health Care Workers Providing Frontline COVID-19 Care," *JAMA Health Forum*, 1(4), (April 2020), doi:10.1001/jamahealthforum.2020.0397 available at <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2764228> and Leah Campbell, "What It's Like to Be a Nurse Working on the Front Lines of COVID-19," healthline, April 21, 2020, <https://www.healthline.com/health-news/what-its-like-to-be-a-nurse-working-on-the-front-line-of-covid-19#The-moving-stories-we-all-need-to-hear>.
- 22 Christine Dunkel Schetter and Lynlee Tanner, "Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice," *Current opinion in psychiatry* 141-148 vol.25(2) (March 2012) doi: 10.1097/YCO.0b013e3283503680, at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4447112/>.
- 23 NWLC defines low-paid occupations as those in the 40 lowest paying jobs. NWLC calculations using 2019 American Community Survey (ACS), accessed through Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek, *Integrated Public Use Microdata Series USA (IPUMS USA): Version 11.0* (Minneapolis: University of Minnesota, 2021), <https://usa.ipums.org/usa/>.
- 24 NWLC calculations using Bureau of Labor Statistics (BLS), "Percent of civilian workers with access to flexible work schedule; for average wage category is within lowest 25 percent," (September 24, 2021), <https://beta.bls.gov/dataViewer/view/timeseries/NBU1980000000005433968>.