

## **Pregnancy, Childbirth, and Related Medical Conditions: Common Workplace Limitations and Reasonable Accommodations Explained**

Working during pregnancy is generally safe.<sup>1</sup> Many pregnant and postpartum employees need work accommodations, whether because of risks posed by their particular job duties, because of medically-complicated pregnancies, or simply because of the normal physical changes that occur during pregnancy. Employees may also have work limitations resulting from related medical conditions like lactation, abortion, miscarriage, pregnancy loss, fertility treatment, and menstruation. This guide provides an overview of these workplace needs for non-medical professionals. It may be particularly useful to lawyers and HR professionals.

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**Questions?** For information about the laws that give rights to employees who need accommodations for pregnancy and related conditions, contact the Center for WorkLife Law at 415-565-4640 or [info@worklifelaw.org](mailto:info@worklifelaw.org).

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<sup>1</sup> Am. Coll. of Obstetricians and Gynecologists, No. 733, *Employment Considerations During Pregnancy and the Postpartum Period*, in 131 *Obstetrics & Gynecology* 115-23 (2018), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/04/employment-considerations-during-pregnancy-and-the-postpartum-period>.

## **Accommodations Employees May Need During a Typical Pregnancy**

During pregnancy, people experience normal physical changes that impact numerous bodily systems. These differ from person to person, and may include pain in the back, abdomen, or thighs; swelling in limbs and joints; increased breast size and breast tenderness; nosebleeds; heartburn; dizziness or lightheadedness; fatigue; hemorrhoids; leg cramps or muscle spasms; nausea and vomiting; numb or tingling hands; increased need for urination and bladder control issues; and increased hunger and thirst.

Depending on the nature of their work, employees may require reasonable accommodations related to these normal physical changes. Common pregnancy accommodations include:

- Extra breaks for rest, snacks, water, and restroom use
- Uniform changes
- Changes to job duties, work location, or other modifications needed to reduce or avoid bending, lifting, climbing, walking, and/or standing (e.g. permission to sit on a chair, or moving work station closer to the bathroom)
- Ability to more frequently drink water and eat during the workday
- Schedule changes or excusal from absence and tardiness control policies (“attendance points”)
- Time off for regular prenatal care appointments
- Leave prior to childbirth, and for 6-8 weeks after birth for physical recovery

## **Accommodations Employees May Need to Avoid Hazardous Work**

Certain occupations expose employees to conditions that could be harmful to the health of a pregnant person or the health of their pregnancy. An individual pregnant person should be free to decide their personal risk tolerance in consultation with their healthcare provider. Accommodations may be needed to avoid hazardous duties.

### **Exposure to Toxins**

Employment sectors at particular risk of potentially hazardous exposures during pregnancy include agriculture (pesticides), manufacturing (organic solvents and heavy metals), dry cleaning (solvents), custodial and cleaning services (organic solvents), beauty salons (solvents and phthalates), and health care (biologics and radiation).<sup>2</sup>

Toxic exposures have been associated with infertility and miscarriage, obstetric outcomes such as preterm birth and low birth weight, neurodevelopmental outcomes

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<sup>2</sup> Am. Coll. of Obstetricians and Gynecologists, No. 832, *Reducing Prenatal Exposure to Toxic Environmental Agents*, in 138 *Obstetrics & Gynecology* 40-54 (2021), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/07/reducing-prenatal-exposure-to-toxic-environmental-agents>.

such as autism and attention deficit hyperactivity disorder, and adult and childhood cancer.<sup>3</sup>

Responsive accommodations may include change in job duties, switching to less hazardous alternative chemicals, use of personal protective equipment (note PPE may need to be adjusted to fit properly during pregnancy), temporary transfer to an alternate position, or leave when economically feasible (consider disability insurance benefits when leave is the only safe option).

For more information about specific workplace exposures that can be hazardous during pregnancy and breastfeeding, visit

<https://www.cdc.gov/niosh/topics/repro/specifcexposures.html>.

### **Physically Demanding Work**

Everyday physical activities are appropriate for most pregnant people, however physically demanding work such as heavy lifting, excessive repetition, awkward postures, and prolonged periods of sitting or standing could increase chances of miscarriage, preterm birth, or injury during pregnancy, according to the National Institute for Occupational Safety and Health (NIOSH),<sup>4</sup> which publishes specific lifting recommendations for pregnant workers.<sup>5</sup> Positions that tend to be physically demanding include healthcare workers, manufacturing workers, construction crews, service workers, flight attendants, firefighters and first responders, childcare providers, and farm and greenhouse workers.

Responsive accommodations may include ability to sit or stand as needed (e.g. providing a chair, a sit-stand workstation, or additional rest breaks), mechanical assistance with lifting or hauling, modification or reassignment of job duties, assistance from co-workers, and temporary transfer to light duty or an alternate position.

### **Excessive Heat**

Exposure to excessive heat at work could increase the risk of reproductive harms, including birth defects, according to the National Institutes for Occupational Safety and Health (NIOSH).<sup>6</sup> Pregnant people are more likely to get heat exhaustion, heat stroke, and dehydration sooner than nonpregnant people.<sup>7</sup> Workers most commonly exposed to heat include those who work outdoors and in buildings without climate control during

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<sup>3</sup> Id.

<sup>4</sup> Nat'l Inst. for Occupational Safety and Health, *Physical Job Demands-Reproductive Health*, CDC.GOV, <https://www.cdc.gov/niosh/topics/repro/physicaldemands.html>.

<sup>5</sup> Leslie A. MacDonald et al., *Clinical Guidelines for Occupational Lifting in Pregnancy: Evidence Summary and Provisional Recommendations*, 209 Am. J. Obstetrics Gynecology 80 (2013), <https://www.sciencedirect.com/science/article/abs/pii/S0002937813002421>.

<sup>6</sup> Nat'l Inst. for Occupational Safety and Health, *Heat-Reproductive Health*, CDC.GOV, <https://www.cdc.gov/niosh/topics/repro/heat.html>.

<sup>7</sup> Id.

hot weather, cooks and dishwashers in commercial kitchens (e.g., restaurants), certain manufacturing workers, and firefighters.<sup>8</sup>

Responsive accommodations may include additional breaks to cool down or drink water, portable cooling devices (AC or fan), provision of shade, modification of job duties or productivity metrics, permission to drink water more frequently, and temporary transfer to an alternate position.

### **Long Working Hours and Overnight Shifts**

Working long hours and working at night has been related to miscarriages and preterm birth, according to the National Institutes for Occupational Safety and Health (NIOSH).<sup>9</sup> Americans workers in a wide range of industries have long work hours. Healthcare workers, flight attendants and pilots, law enforcement workers, and workers in the service industry commonly work rotating or night shifts.

Responsive accommodations may include schedule modifications, modification of job duties, temporary excusal from overnight shifts, relief from mandatory overtime, temporary transfer to an alternate position, and reduced work hours or part-time status.

### **Risk of Falls**

Falls are the leading cause of occupational injury among the general population. Pregnant people are at an increased risk of falls because of joint laxity and a shifting center of gravity, particularly later in pregnancy.<sup>10</sup> Falls can be caused by slippery floors, hurried pace, or carrying a child or object. They are therefore more likely to occur in occupations like food services, farmwork, and childcare.<sup>11</sup>

Responsive accommodations may include mechanical assistance with carrying objects (e.g., a wagon or cart), slower pace of work, modification of duties, assistance of co-workers, and temporary transfer to an alternate position.

### **Accommodations Employees May Need for Medical Complications Caused or Exacerbated by Pregnancy**

Pregnant employees with medical conditions beyond pregnancy (e.g., gestational diabetes or perinatal depression) may need reasonable accommodations to meet the

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<sup>8</sup> Id.

<sup>9</sup> Nat'l Inst. for Occupational Safety and Health, *Work Schedule-Reproductive Health*, CDC.GOV, <https://www.cdc.gov/niosh/topics/repro/workschedule.html>.

<sup>10</sup>Am. Coll. of Obstetricians and Gynecologists, No. 733, *Employment Considerations During Pregnancy and the Postpartum Period*, in 131 *Obstetrics & Gynecology* 115-23 (2018), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/04/employment-considerations-during-pregnancy-and-the-postpartum-period>.

<sup>11</sup> H.M. Salihu et al., *Pregnancy in the workplace*, 62 *Occupational Med.* 88 (2012), <https://academic.oup.com/ocmed/article/62/2/88/1480061?login=false>.

limitations of their medical condition. The following chart was taken from the Appendix of *A Sip of Cool Water: Pregnancy Accommodations after the ADA Amendments Act*.<sup>12</sup> It was prepared by with assistance from Drs. Marya Zlatnik and Megan Huchko of the Center for WorkLife Law’s Pregnancy Accommodation Working Group.

**Table of Medical Complications and Responsive Accommodations**

<b>Underlying Conditions</b>	<b>Description</b>	<b>Reasonable accommodations</b>
Sub-chorionic hematoma, placental abruption, placenta previa	Uterine or vaginal bleeding in pregnancy is a symptom usually caused by problems with placental attachment that can result in several pregnancy conditions that put women at risk for preterm delivery or miscarriage.	Time off for medical appointments; bedrest; move workstation close to restrooms.
Lumbar lordosis	Pregnant women experience back pain through a variety of mechanisms, including the sway-backed posture (lumbar lordosis) caused by a growing belly and the hormones of pregnancy loosening up the joints, muscle spasms and “Braxton-Hicks” contractions. Pregnancy may also exacerbate pre-existing back problems. Back pain, if severe, can interfere with major life activities (standing, reaching, lifting, or bending).	Use of a heating pad, sitting instead of standing, lifting assistance or limitations, using assistive equipment to lift, and modification of the duties of the job, such as temporary light duty
Deep vein thrombosis, pulmonary embolism, stroke	Pregnancy increases women’s risk for blood clots, which can occur in the veins of the legs (deep vein thrombosis), lungs (pulmonary embolism) or brain (stroke).	Modification of work station, breaks for exercise.
Carpal Tunnel Syndrome	Tingling, pain, numbness and joint stiffness in hands and wrists is common in late pregnancy due to changes in fluid composition and increased amount of pressure on median nerve in wrist. Carpal tunnel syndrome is an impairment that is much more prevalent in pregnant women than the population generally.	Occasional breaks from manual tasks or typing and specialized programs that allow for dictation instead of typing

<sup>12</sup> Joan C. Williams, *A Sip of Cool Water: Pregnancy Accommodation after the ADA Amendments Act*, 32 Yale L. & Pol’y Rev. 97 (2015), [https://repository.uchastings.edu/cgi/viewcontent.cgi?article=2276&context=faculty\\_scholarship](https://repository.uchastings.edu/cgi/viewcontent.cgi?article=2276&context=faculty_scholarship).

<b>Underlying Conditions</b>	<b>Description</b>	<b>Reasonable accommodations</b>
Chronic migraines	A condition sometimes exacerbated by pregnancy that can be a disability when the headaches reach substantially limiting levels. Migraines can limit major life activities such as seeing, hearing, eating, sleeping, walking, learning, reading, concentrating, thinking, communicating, and working.	Changing lighting in the work area, limiting exposure to noise and fragrances, scheduling changes such as flexible schedules or telework (which may include a transfer to a position that provides this kind of flexibility)
Dependent edema	Swelling, especially of feet/ankles, is more common as pregnancy progresses, and becomes worse with standing. This is caused by an increase in the overall volume of fluid in the body, leading to a decrease in protein concentration or oncotic pressure within the circulatory system. This leads to fluid extravasation from blood vessels into the extravascular space.	Provide employee with stool or chair to sit on while working; more frequent rest breaks; modification of footwear requirements.
Dyspnea	Shortness of breath is common due to the partially compensated respiratory alkalosis of pregnancy. Pregnant woman breath more deeply to allow gas exchange for herself, the placenta, and the fetus. Breathing more deeply (increasing “minute ventilation”) increases the pH of her blood (makes it a little more basic). Her kidneys partially compensate by putting more bicarbonate into her urine. This physiology is what makes daily life difficult for pregnant women.	Provide employee with stool or chair to sit on while working; more frequent rest breaks.
Fatigue	A feeling of tiredness or exhaustion or a need to rest because of lack of energy or strength.	Light duty to avoid strenuous activity, flexible or reduced hours, exemption from mandatory overtime

<b>Underlying Conditions</b>	<b>Description</b>	<b>Reasonable accommodations</b>
Gastroesophageal reflux (GERD)	Mild to severe heartburn is common in pregnancy, caused by hormones loosening muscle that is supposed to hold stomach contents down.	Allowing for breaks for food as needed; providing space for medications to be stored.
Gestational diabetes	This is a condition in which the placenta interferes with the body's normal metabolism of glucose. Women with gestational diabetes need to monitor their blood glucose two to six times/day, and some may need to take insulin or oral medication to control blood glucose levels. The resulting high blood glucose levels can cause placental dysfunction, increased fetal growth and post-natal metabolic abnormalities. Complications of uncontrolled gestational diabetes include fetal macrosomia, shoulder dystocia and increased need for cesarean section.	Permission to take more frequent bathroom breaks, to eat small snacks during work hours, a cot for lying down, and modified schedules
Hemorrhoids	Pregnancy can cause swelling of rectal veins due to hormonal changes, constipation (more common in pregnancy) and increased pelvic girth/pressure. Hemorrhoids can be painful or even bleed.	Allow women to avoid being in a seated position all day, or to use a special cushion.
Hyperemesis gravidarum	Pregnant women can have nausea and/or vomiting that limits their ability to work in certain settings/certain times of day. Severe nausea and vomiting in pregnancy can result in weight loss, dehydration, and/or electrolyte imbalance. It occurs most commonly in the first trimester but can extend throughout the entire pregnancy and all day long.	Permission to take more frequent bathroom breaks, to eat small snacks during work hours, a cot for lying down, and modified schedules. <sup>13</sup>

<b>Underlying Conditions</b>	<b>Description</b>	<b>Reasonable accommodations</b>
Hypertension, preeclampsia	Chronic or pregnancy-induced high blood pressure may endanger both the health of the mother and the fetus. Pregnancy outcomes range from poor fetal growth, fetal distress and intrauterine demise. The mother may experience damage to her kidneys, liver, heart and brain (seizure or stroke). Major life activities impacted include performing manual tasks, walking, standing, lifting, bending, and working.	Provide a stool or chair for employee to sit on while working; limit lifting and bending requirements; work from home while on bedrest, and leave.
Intrauterine Growth Restriction	Condition in which the fetus is not growing appropriately inside the uterus. There are multiple causes for this, including congenital anomalies, infection in pregnancy, placental attachment disorders, multiple gestation and maternal medical conditions. A related condition is low amniotic fluid or oligohydramnios. Complications include fetal distress, need for early delivery and increased need for cesarean section.	Bedrest; time off for medical appointments.
Intrauterine fetal growth restriction, oligohydramnios, risk of preterm labor, preeclampsia, gestational diabetes.	Symptoms common to multiple gestation (twins, triplets, quadruplets or more) put women at risk for many pregnancy complications. Women may go into labor or have an indicated early delivery and have an increased risk for cesarean section. Providers may recommend fetal monitoring in the third trimester.	(See sections pertaining to related conditions, <i>infra</i> .)
Perinatal depression	Includes both major and minor depressive disorders that occur during pregnancy or after giving birth. Symptoms include inability to sleep, loss of focus, feelings of helplessness, and thoughts of suicide. Depression may substantially limit major life activities (thinking, sleeping, concentrating, caring for oneself, and interacting with others).	Time off to attend therapeutic sessions; temporary transfer to a less distracting environment, telecommuting, and leave.

<b>Underlying Conditions</b>	<b>Description</b>	<b>Reasonable accommodations</b>
Pre-term labor risk	Pregnant women may develop symptoms that put them at risk for pre-term labor and delivery, including contractions, shortened cervix, advanced cervical dilation early in pregnancy, abnormal vaginal bleeding or preterm premature rupture of membranes. In addition to medical management, recommendations for women at risk range from modified or complete bedrest to inpatient management.	(See sections pertaining to related conditions, <i>infra</i> .)
Symphyseal separation (i.e. pubic symphysis separation)	Loosening of the joint on the front of the pelvic bone (pubic symphysis) in preparation for childbirth is caused by pregnancy hormones. This condition can result in severe pelvic pain and limited mobility like with some back problems.	Limits on lifting requirements; providing a stool or chair to sit on; more frequent breaks.
Syncope or near-syncope	Feeling lightheaded, dizzy or fainting is common in pregnancy due to the increase in proportion of blood volume going to the uterus and fetus. Symptoms can be caused by heat, stress or unusual exertion. The patient may also experience palpitations or a racing heart beat.	Providing a stool or chair to sit on; more frequent breaks.
Urinary tract or bladder infection	Pregnant women have to urinate frequently. Although this is nearly universal in pregnancy, it can also be a symptom of a bladder infection—which is more common in pregnancy. Urinary frequency can result in poor quality sleep as well.	More frequent bathroom breaks; carrying a bottle of water.
Varicose veins	Hormonal changes, increased blood flow and increased resistance in the pelvis can cause swelling and back-filling of veins in the legs. This can be painful and worsen as pregnancy advances and is exacerbated by standing or sedentary positions.	More frequent breaks; ability to sit or stand as needed.

## **Accommodations Employees May Need for Other Related Medical Conditions**

### **Lactation**

Most nursing parents must use a breast pump<sup>14</sup> to remove milk from their body during the workday. Physicians instruct lactating parents to express milk on the same schedule as they feed their child—which is typically every two to three hours for young infants—to maintain their milk supply and avoid serious health consequences.<sup>15</sup> If a nursing parent suddenly changes their pumping schedule or misses pumping sessions, their body will likely respond by beginning to produce less milk (as the body constantly produces breast milk on a demand-and-supply basis). The diminution of milk supply may mean the nursing parent can no longer produce enough milk to meet their infant’s feeding needs.<sup>16</sup> Additionally, inability to pump milk on schedule can cause considerable discomfort or illness for the nursing parent, including painful breast engorgement, infections, and mastitis.<sup>17</sup> Lactating employees who are not producing milk for their own child may also need to pump in cases of surrogacy or infant loss.

### **Break Time**

Breastfeeding, chestfeeding, and pumping employees generally require sufficient break time and a private, non-bathroom space to express milk on an as-needed basis. According to the U.S. Department of Health and Human Services, a pumping break should allow fifteen to twenty minutes for expressing milk, plus time for (i) set up, (ii) clean up, and (iii) the walk to and from the work area and the pumping space, if any.<sup>18</sup> Longer may be needed due to certain physical or workplace conditions.

### **Pumping Space**

The space must not be a bathroom; pumping requires a sanitary environment to reduce the risk of contaminating the breast milk, which is food for a baby.<sup>19</sup> Many parents also

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<sup>14</sup> A breast pump is equipment that creates a rhythmic suction mimicking the pace and physical effect of a nursing baby to remove breast milk from the body. Breast pumps typically require access to an electrical outlet. U.S. Food and Drug Admin., *What to Know When Buying or Using a Breast Pump*, FDA.GOV, <https://www.fda.gov/consumers/consumer-updates/what-know-when-buying-or-using-breast-pump>.

<sup>15</sup> U.S. Dep’t of Labor, Wage & Hour Div., *Reasonable Break Time for Nursing Mothers*, 75 Fed. Reg. 80073, 80075 (Dec. 21, 2010).

<sup>16</sup> Susan Reslewic Keatley, *How to Deal with Low Breastmilk Supply*, N.Y. TIMES (Apr. 17, 2020), <https://www.nytimes.com/article/increase-breastmilk-supply.html>.

<sup>17</sup> *Breast Engorgement*, CHILDREN’S HOSP. OF PHILA., <https://www.chop.edu/pages/breast-engorgement> (last visited Nov. 21, 2022); *see also Engorgement*, WIC BREASTFEEDING SUPPORT—U.S. DEPT. OF AGRIC., <https://wicbreastfeeding.fns.usda.gov/engorgement> (last visited Nov. 21, 2022).

<sup>18</sup> *Time for breaks*, OFF. ON WOMEN’S HEALTH—U.S. DEPT. OF HEALTH & HUM. SERV., <https://www.womenshealth.gov/supporting-nursing-moms-work/break-time-and-private-space/time-breaks> (last visited Nov. 22, 2022).

<sup>19</sup> *What employers need to know*, OFF. ON WOMEN’S HEALTH—U.S. DEPT. OF HEALTH AND HUM. SERV., <https://www.womenshealth.gov/supporting-nursing-moms-work/what-law-says-about-breastfeeding-and->

require a private space because using a pump exposes the breast/chest. The pumping space should have a seat and a flat surface on which to place the pump. It should be clean and a comfortable temperature. Employees may also need access to electricity (e.g., an outlet or extension cord), access to a refrigerator or permission to carry a cooler to store the milk, and running water to clean their hands and pump parts.

### Other Lactation Accommodations

Lactating employees sometimes need accommodations that extend beyond reasonable break time and a private space, either because of the nature of their jobs or health needs like maintaining their milk supply.<sup>20</sup> For example, a lactating employee may need:

- Time off for lactation-related complications such as mastitis;
- Modified work duties, PPE, or a temporary transfer to avoid exposure to toxic chemicals or other hazards that can contaminate human milk, such as pesticides or lead<sup>21</sup>;
- Excusal from long-distance travel, or flight schedules and layovers that allow for pumping;
- Accommodations for direct nursing, which may be necessary when a parent is unable to pump milk and/or unable to feed their infant formula (e.g., a formula allergy or national shortage, and/or the infant is struggling to bottle feed).

Accommodations that may allow for direct nursing include:

- o remote work,
- o having a child brought to the worksite (assuming it is not a space where children are not permitted to be on premises for safety or similar reasons), and
- o a schedule change to permit the employee to go to the child (such as in a daycare setting) to breastfeed;
- Assignment to work locations where pumping is more feasible;
- Remote work to establish breastfeeding or to address a medical issue like a clogged milk duct;
- Modification of a work uniform that compresses the chest and therefore hinders milk production;
- Permission to arrive late to allow pumping immediately before beginning the workday;
- Adjustments to quotas or production standards to reflect pumping breaks; and

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work/what-employers-need-know (last visited Dec. 14, 2022). See also U.S. Dep't of Labor, Wage & Hour Div., Reasonable Break Time for Nursing Mothers, 75 Fed. Reg. 80073, 80076 (Dec. 21, 2010).

<sup>20</sup> Ctr. for WorkLife Law, *Exposed: Discrimination Against Breastfeeding Workers* (2016) at 31, <https://www.pregnantatwork.org/wp-content/uploads/WLL-Breastfeeding-Discrimination-Report.pdf>.

<sup>21</sup> Nat'l Inst. for Occupational Safety and Health, *Learn about Specific Exposures during Pregnancy & Breastfeeding*, CDC.GOV, <https://www.cdc.gov/niosh/topics/repro/specifcexposures.html>.

- Access to a refrigerator or ice, or provision of a cooler, to store pumped breast milk so it is safe for infant consumption.

### **Fertility Treatment, Miscarriage, and Pregnancy Loss**

Employees may need time off for medical appointments and procedures, counseling, physical recovery, and/or bereavement. Employees under fertility treatment may need breaks at specific times of day to administer medication.

### **Abortion**

Employees may need time off for medical procedures, including travel to abortion providers, physical recovery, and/or bereavement.

### **Menstruation**

Employees may need accommodations for issues related to menstruation, including menstrual disorders like abnormal bleeding or premenstrual dysphoric disorder (PMDD). Employees may need modified or work hours, excusal from overnight shifts,<sup>22</sup> additional restroom breaks, moving the workstation closer to the restroom, permission to carry a bag with personal care and hygiene products, or time off for medical appointments.

**Questions?** For information about the laws that give rights to employees who need accommodations for pregnancy and related conditions, contact the Center for WorkLife Law at 415-565-4640 or [info@worklifelaw.org](mailto:info@worklifelaw.org).

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<sup>22</sup> Working at night and working long hours has been related to menstrual disorders. See Nat'l Inst. for Occupational Safety and Health, *Work Schedule-Reproductive Health*, CDC.GOV, <https://www.cdc.gov/niosh/topics/repro/workschedule.html>.