

A Postdoc's Guide to Pregnancy and Maternity Leave

By Kathleen Flint Ehm, National Postdoctoral Association, and
Amelia Linnemann, University of Wisconsin-Madison

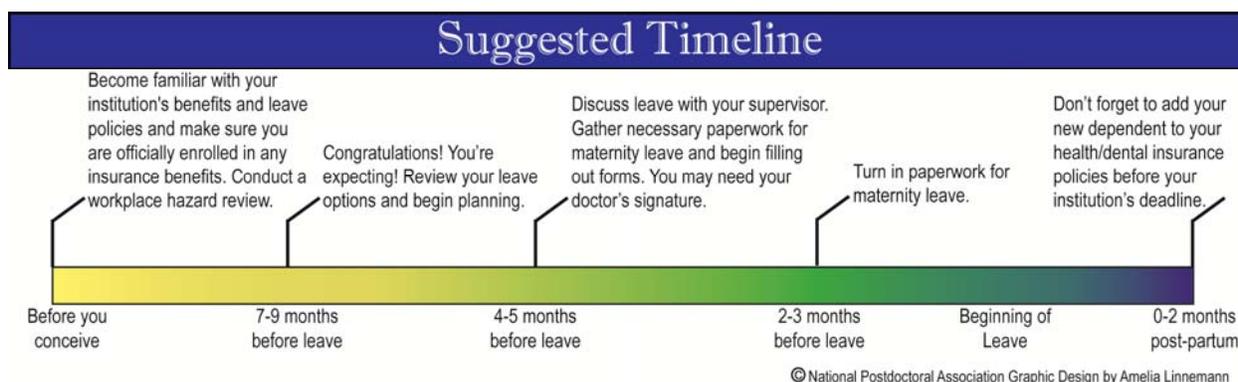
Developed as part of the National Postdoctoral Association's NPA ADVANCE project



www.nationalpostdoc.org/advance

This guide provides general information on pregnancy and maternity leave for postdocs, including tips for keeping your research going and talking with your supervisor. This guide is intended primarily for postdoc women who are pregnant or are planning for pregnancy; expectant postdoc fathers or adopting postdoc parents may want to consult our forthcoming companion guides on paternity and adoption leave.

These are general recommendations only and may not apply to your specific situation; they do not constitute legal advice. Please consult your institution regarding its leave policies and other benefits. For legal advice, please consult a qualified attorney.



The appropriate timeline for your own planning may deviate from this due to variations in institutional practice.

Research Concerns for Your Pregnancy

Day-to-day concerns. First, there are the simple considerations for a pregnant postdoc. For example, morning sickness, fatigue and other physical limitations might interfere with your daily work and could make it harder to maintain long research hours.

Research safety. Concerns may arise if your research presents safety hazards to you or your baby, such as: anesthesia, radiation, chemicals and solvents, extended exposure to extreme loud noises or vibrations, or some physical activities (like scuba diving, strenuous hiking and climbing, or extended periods of standing and typing). Outside of radiation hazards, there are few national regulations for pregnancy safety, so **be your own advocate and do your homework!** Consult with your doctor as soon as possible about the potential risks of your work environment since some hazards may be most acute during the first trimester. Also talk with your institution's safety officials, who may be able to consult with you

confidentially before you declare your pregnancy. **You may want to request an evaluation of hazards to women of child-bearing age prior to conception.** If you plan to breastfeed, include a review of any future hazards for breast milk. If modifications to your research regimen are necessary, try to work out some accommodations with your postdoctoral supervisor and safety office. There are a number of resources on occupational safety for pregnant women that can provide more information; visit www.nationalpostdoc.org/family-resources.

Travel. If you must travel to meetings or remote research sites, keep in mind that typically your doctor will recommend against travel past the seventh month, and many airlines have policies prohibiting air travel after this time. Your doctor may also restrict travel to some countries.

Your Basic Right to Maternity Leave

Family Medical Leave Act. Some employees are covered by the Family Medical Leave Act (FMLA), which provides for up to 12 work weeks of unpaid, job-protected maternity leave. FMLA often has eligibility limitations (such as having been employed for 12 months before it applies), and **many postdocs may not qualify.** *Talk to your institution.*

Title VII. Title VII of the Civil Rights Act of 1964 protects employees against sex discrimination, including pregnancy-related discrimination. Under Title VII, employers must treat pregnancy like any other temporary disability and cannot discriminate on the basis of pregnancy during hiring/firing decisions. **Not all postdocs, however, will qualify as “employees” for the purposes of this law.**

Title IX. Title IX is another provision of this law that protects against sex discrimination at institutions that receive federal funding. It explicitly protects against pregnancy discrimination for *students and employees*,¹ requiring that pregnancy be treated as any other disability and, in the case where no maternity leave program is available, provides for unpaid, job-protected leave for a “reasonable” period of time. **Under Title IX all postdocs, regardless of institutional employment classification, should be entitled to job-protected, unpaid maternity leave.**

Some states also have parental leave policies which can complement these laws, such as [California’s Paid Family Leave program](#).

For more information on laws pertaining to pregnancy and maternity leave, consult the resources at www.nationalpostdoc.org/family-resources.

Maternity Leave and Federal Funding Guidelines

Paid maternity leave. Postdocs supported on investigator grants from agencies such as the Department of Energy (DOE), the National Institutes of Health (NIH), and the National Science Foundation (NSF) can receive paid maternity leave via fringe or indirect costs. The institution and its leave policies for comparable employees typically determine how this benefit is offered. Postdocs supported on individual fellowships, such as NIH’s National Research Service Award (NRSA) program and NASA’s postdoctoral program, sometimes will have fellowship-specific maternity leave guidelines, while others, like most NSF postdoctoral fellowships, may encourage fellows to follow their institution’s typical practice.

¹ For legal purposes, postdocs can be classified as students for some actions and employees for others; this is independent of a postdoc’s institutional title or employment classification. Since Title IX covers both students and employees, it should apply to postdocs, although this has yet to be tested in court. For additional information on postdoc legal classification, see the AAU/AAAS handbook: [“Navigating a Complex Landscape to Foster Greater Faculty and Student Diversity in Higher Education.”](#)

Grant extensions. Most federal agencies will allow at least one no-cost extension of the grant budget period for reasonable cause, such as absence by key research personnel for maternity or care giving. Individual fellowships often have specific policies on funding extensions and leaves of absence.

Supplemental technical assistance. DOE, NIH, and NSF typically allow grant supplements and re-budgeting to provide technical support to keep a project going while key personnel are on maternity leave. NIH's National Institute of Allergy and Infectious Diseases (NIAID) has an explicit program for this (see: <http://www.niaid.nih.gov/ncn/training/pctas.htm>).

For more information, NIH and NSF offer specific guidance on these topics:

- NIH Family-Friendly Initiatives: http://grants.nih.gov/grants/family_friendly.htm
- NSF Career-Life Balance Initiative: <http://www.nsf.gov/career-life-balance/>
- NSF's FAQ Related to Dependent Care: <http://www.nsf.gov/pubs/2010/nsf10032/nsf10032.jsp>

Consult your funding documentation or talk to your program officer for more detailed guidance.

Maternity Leave and Salary

Research your options. Your options for being paid during maternity leave will vary based on your institution's usual practice, your source of funding, and your appointment classification. You'll have to do some research for your particular situation; below are some common options for leave you may have available. For any of these options, find out if you must cover your own health insurance premiums during leave. *Talk to your postdoctoral or human resources representative for more information.*

- Sick and/or vacation leave. Find out how much you will have accrued by your due date, keeping in mind that you may use some up in the interim.
- Short-term disability leave. If you are eligible for short-term disability (STD) insurance, pregnancy can usually be treated as a disability. Typically, STD will pay you a fraction of your salary for a certain period of time (often six weeks following a vaginal birth and longer with a doctor's approval) and may require a waiting period before it starts. It may be possible to supplement your STD benefit with other paid leave options. ***Be sure you are officially enrolled for STD insurance before you become pregnant, otherwise you may not qualify for benefits or receive reduced benefits.***
- Institutional paid maternity leave benefit. Some institutions may have an explicit program or leave benefit allowing a certain period of paid maternity leave independent of standard leave accruals or disability benefits.
- Specific leave provisions dictated by your funding source. Some grants and fellowships may have their own guidelines for maternity or family leave. Consult your paperwork.
- Unpaid, job-protected leave, guaranteed by FMLA and/or Title IX.

Make a maternity-leave salary plan. Do you want to maximize your salary during leave by supplementing disability benefits with sick leave? Do you want to maximize the duration of your leave by taking a fraction of your salary over a longer period with a combination of disability and sick days? Could you also extend this period by you, your partner or both of you working part-time? Decide what you want to do, then make sure you have all the paperwork and instructions in hand. Also, consider having a contingency plan in the case of complications. For example, if you go on bed rest three weeks before the birth, this may shave three weeks off the paid time you spend with your baby after the birth.

Parental/spousal leave. Find out if your spouse/partner has a parental leave policy and if there are any limitations. For example, if you both work at the same institution, there may be a cap to the total, combined time you can each take for extended family or child care leave. If you and your spouse or partner work at the same institution and you take 8 weeks of unpaid leave under FMLA, your spouse/partner may only take up to four weeks of FMLA leave, for a combined total of 12 work weeks between the two of you.

Make a Maternity Research Plan

Try to make a general plan for how your research will continue through your pregnancy and maternity leave and write it down. Such a plan can help keep your research on track and address concerns your supervisor or collaborators might have. Some general considerations for that plan are:

How much can you get done before your delivery? Try to identify some milestones you can *reasonably* reach before you go on leave, especially ones that require you to physically be at work. Allow yourself some flexibility here.

Is there anyone who can continue some of your work while you are on leave?

- Collaborators or members of your lab or group might be able to continue some aspects of your project during your leave, so talk to them in advance.
- A specially hired technician might also be able to continue some of your research. Funds for this temporary hire could be available through grants, grant supplements or even from your institution, which might offer transitional support to faculty for career interruptions. Find out if your maternity leave might qualify for such institutional support for your supervisor's project where you are the primary supported researcher.
- In all cases, be sure to discuss *in advance* how credit for this work will be assigned (e.g. acknowledgement or authorship?) and what will happen upon your return (e.g. who now leads the project? who will continue to work on it?). Consider having these understandings in writing.

Are you willing to do any work from home? Being on leave means you **are entitled** to spend all your time recovering and caring for your newborn, instead of working. When considering how much you might *want* to do during leave, be mindful of committing yourself to doing work before you know how feasible it might be. Some tasks you might consider are: paper writing; grant writing; literature review; and conference calls.

Make a backup plan for pregnancy complications. Despite your best-laid plans, complications can arise. Try to think through some of these in advance. For example: you are put on bed rest before the delivery; the baby comes much earlier than expected; or you need a longer recovery time after the delivery.

Make a Plan for Returning to Work

Gradual return to work. You might be able to extend your formal leave by returning to work from home, or working part time and gradually working up to a full workday. This type of flexibility may be useful as you balance work with your new responsibilities at home and could help you maintain productivity when you are sleep-deprived. Find out if your institution has any type of part-time or flexible time arrangement available to postdocs. If not, talk with your supervisor about your plans and options.

Breastfeeding. There is significant federal and state support for a woman's right to express breast milk at work.² Although recent 2010 changes to the Fair Labor Standards Act typically do not apply to postdocs, some state laws will. If you will be breastfeeding, find out about available facilities for pumping at work. Does your institution have lactation rooms? Do you have access to other closed-door space for pumping? Is there a refrigerator available for milk storage? A microwave for sterilization of pump accessories? Also, identifying a support group for working and breastfeeding moms may be helpful.

Childcare. Find out about childcare options at your institution (and whether they are available to you as a postdoc). Some institutions offer subsidies, flexible spending accounts, or other financial assistance for childcare costs. They may also have special programs, such as on-call childcare for emergencies and sick children or networks for parents. Identifying a back-up caregiver such as a relative or friend might be useful if your workday or deadlines are inflexible or you occasionally require after-hours care for your child.

Travel. Make a plan for when it is feasible to resume work-related travel. Can your child travel with you, and are there funds to support bringing a caregiver along? Breastfeeding mothers should also consider how pumping will fit in with your remote work plans.

Tips on Talking with your Postdoctoral Supervisor

First, consider your supervisor's perspective. Regardless of how generally supportive a supervisor may be of your new life change, he or she is likely to experience some concern over the potential research delays that could be caused by your pregnancy and maternity leave. Although granting periods can be extended, lack of research progress can jeopardize grant renewals or new funding requests. Your collective goal will be to limit these risks for all involved.

Know your basic rights. Keep in mind that pregnancy discrimination is illegal. Your pregnancy should be treated as any other temporary disability, and you are entitled, at the minimum, to take job-protected, unpaid maternity leave. The details of how your pregnancy might be accommodated or how to take leave will depend on your funding source and your institution's policies and "typical" practices.

Choose a time to talk. Deciding when to tell your supervisor about your pregnancy is a personal decision that depends upon your specific circumstances and the impact your pregnancy and maternity leave might have on your work. For example, many expectant parents wait until after the first trimester, when the risk of miscarriage decreases significantly. In some cases, first trimester safety or health concerns (like workplace hazards or extreme "morning" sickness) may warrant an earlier declaration. Ideally, you would like the timing of your declaration to allow sufficient time for any advance preparations needed for your maternity leave or other work accommodations. Once you choose a time to talk to your supervisor, try to schedule a private, in-person meeting (i.e. where you can close the door) that is unlikely to be interrupted.

Share your written maternity research plan. Showing that you have thought through the various research implications of your pregnancy and leave may help assuage some concerns. Your supervisor may also have helpful suggestions. After you discuss your plan, draft a final version that incorporates the outcomes and expectations from your discussion and then give each of you a copy. You might also consider having each of you sign it to confirm your mutual understanding.

When problems arise. If you are concerned that you might have difficulty coming to an understanding with your supervisor, look around for other allies who might be able to assist you. Many institutions offer

² For more information, visit the National Conference of State Legislatures' summary of state breastfeeding laws and recent federal changes: <http://www.ncsl.org/default.aspx?tabid=14389>

advice on conflict resolution through the graduate or postdoctoral affairs office, human resources, or ombudsman.

Where to Find More Information at Your Institution

When looking for information at your institution, keep in mind that there may be no one definitive source for answers. Below are some suggestions for places that may be helpful.

- Office of postdoctoral affairs or other office that has oversight responsibility for postdocs
- Office of human resources
- Employee assistance program
- Ombudsman
- Department chair
- Your postdoctoral supervisor or PI
- Postdoc handbook
- Women's resource center
- Title IX officer
- Environmental and health safety office
- Postdoc union representative

For More Information

Visit the NPA ADVANCE Web site, <http://www.nationalpostdoc.org/advance> for additional resources and articles.

Acknowledgements

Special thanks to NPA ADVANCE PI Cathee Johnson Phillips, Amy Apprill, Juliette Smith, and Laura Kramer for their contributions to this resource. This material is based upon work supported by the National Science Foundation under Grant No. 0819994. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.