

Physicians' Alert:

Pregnant Construction Worker Safety and Health

This alert was developed as a resource for pregnant construction workers and an awareness tool for their healthcare providers so that they understand the occupational safety and health hazards faced by pregnant workers in the U.S. construction industry. It is intended to support pregnant construction workers' abilities to work safely for as long as they wish during pregnancy and return to work safely after giving birth.

Please:

- (1) **Read and print this Alert;**
- (2) **Keep the "Patient Information" sections for yourself;**
- (3) **Fill in the "To My Provider" form and select the appropriate occupation task list(s) from the [CPWR Work-Related Task Lists by Construction Occupation](#) based on your job or trade. Give both to your provider to include in your medical records, be aware of for your care, and use for accommodations requests.**



What to Know About Pregnancy and Your Health:¹

Patient Information

Pregnancy is a common part of workers' lives, and it may require temporary changes to how you work. Like all workers, pregnant construction workers deserve safety and respect on the job.

- Pregnancy can affect how your body turns food and water into energy. It can also affect how your lungs, immune system, and ligaments work.
- Pregnancy can increase how much your body absorbs some chemicals, such as metals. Fetuses may be more affected by chemicals than adults, especially in early pregnancy.
- Changes in your body throughout your pregnancy may mean that your existing personal protective equipment no longer fits and needs to be updated.
- Pregnancy may decrease your tolerance to heat. You may need more water, more time to adjust to the heat, and more breaks than when you were not pregnant.
- It may be harder for you to stand, stoop, lift, or climb as your body changes throughout your pregnancy.
- It's also important to keep in mind that not every pregnancy is the same. Even if you have been pregnant before, your experience and the effects pregnancy has on your body might be different every time.

What to Know About Hazard Communication:

Every worker has the right to know and understand the hazards posed by the materials used in their work. Some chemicals used in construction are endocrine disruptors, meaning they can interfere with normal hormonal function, which can impact your fetus. Examples of endocrine disruptors include plastics, phthalates (used to soften plastics), flame retardants, per- and polyfluoroalkyl substances (PFAS), and pesticides. In addition, other materials, such as solvents, may be harmful to a developing fetus.

- Make sure you are up to date on Hazard Communication Training and that you and your employer know and understand what hazards you may be exposed to at your jobsite.
- Your employer is required to label chemicals, communicate hazards, and make Safety Data Sheets available onsite. Consult the Safety Data Sheets for chemicals you work with to identify hazards.

To Learn More, Visit:



CPWR's [Hazard Communication Hazard Alert Card](#)



OSHA's [Hazard Communication](#) page



NIOSH's [Pregnancy and Your Job](#) resources



Chicago Women in the Trades & Institute for Women's Policy Research's [Pregnancy and Maternity Leave](#) report

¹ NIOSH. (2019). "Pregnancy and Your Job: Reproductive Health." <https://www.cdc.gov/niosh/topics/repro/pregnancyjob.html>.

Know Your Workplace Rights:

You have rights as a pregnant worker and new parent under federal law, and depending on where you work, under state and city law. If you belong to a union, you may also have additional rights through your union contract. **If you belong to a union, contact your union to learn about possible rights and benefits for pregnant workers.**

Protections under federal law may help support you during and after pregnancy. Key federal protections include:



You may be entitled to reasonable accommodations at work under the [Pregnant Workers Fairness Act \(PWFA\)](#). This law gives pregnant workers who work for employers with 15 or more employees the right to receive reasonable accommodations for pregnancy, childbirth recovery, and related medical conditions such as lactation and postpartum depression – as long as accommodations do not create an undue hardship for employers. Examples of reasonable accommodations include light duty, temporary transfer to a different position, reduced work schedule, time off to attend pre/postnatal appointments or to recover from birth, extra bathroom, water, and food breaks, and more. It is unlawful for your employer to punish or otherwise retaliate against you for needing, requesting, or using a reasonable accommodation.



You may be entitled to unpaid break time and private, non-bathroom space to express milk under the [PUMP For Nursing Mothers Act](#) any time you need to take a pumping break. This law applies to nearly all employers, no matter the size.



You may be entitled to up to 12 weeks of unpaid, job-protected leave under the [Family and Medical Leave Act \(FMLA\)](#) to attend healthcare appointments, for morning sickness, to recover from childbirth or postpartum depression, to bond with a new baby, and more. This leave can sometimes be taken in shorter chunks of time, such as a few hours or days. The FMLA protects your job and health insurance during your absence. If you are not eligible for leave under the FMLA, you may be eligible for time off as a reasonable accommodation under the PWFA or other federal/state/local accommodation laws, or for leave under a state/local leave law.



Workers generally have the right to be free from harassment and discrimination based on pregnancy, childbirth, or related conditions under the [Pregnancy Discrimination Act \(PDA\)](#). Unlawful discrimination can include firing you or forcing you to take a leave of absence because you are pregnant; making inappropriate or sexual comments about your body or pregnancy; or cutting your hours based on concern for your health.

In addition, depending on the state and city you work in, you may have additional protections. You may be entitled to paid or unpaid job-protected time off to attend healthcare appointments, for morning sickness, to recover from childbirth or postpartum depression, to bond with a new baby, and more.

To Learn More About Your Workplace Rights, Visit:



A Better Balance's [Workplace Rights Hub](#) for more information about federal and state laws



The Equal Employment Opportunity Commission's (EEOC) [Pregnancy Discrimination Website](#)



A Better Balance's [Pregnant and Postpartum Workers Toolkit](#)



The Center for Worklife Law's [Pregnant @ Work](#) project



A Better Balance's free, confidential all-languages legal helpline for pregnant workers: 1-833-633-3222 or visit [Get Help](#)



A Better Balance's [Sample Letters to Give Your Employer About the Pregnant Workers Fairness Act](#)

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To My Healthcare Provider: I am a pregnant construction worker. As such, I may be exposed to heavy lifting, working in awkward postures and at heights, noise, heat, chemicals, dust, fumes, and/or other workplace hazards. Please keep this information for reference and to aid in evaluation of any pregnancy or postpartum accommodations or other care I may need.

This document should be filed in the medical records of (patient's full name):

Date of Birth: _____ / _____ / _____
Month Day Year

When pregnant and postpartum, construction workers may need accommodations or other supports to protect their safety and the safety of their fetuses.

Your patient may have provided a job description of key workplace tasks and may have additional information to share about chemical exposures at work. If provided, please review this information with your patient to assess what, if any, workplace accommodations are needed because of their pregnancy and/or associated medical conditions.

Refer to the [Center for WorkLife Law's website](#) for pregnancy accommodation letter-writing guidance, resources and templates tailored to the state where your patient works. Poorly written letters with blanket restrictions ("she should not lift anything heavier than 15 pounds") can result in a patient losing their job.ⁱ



Possible accommodations for pregnant construction workers include:

Limiting exposure to:

- Specific major hazards, such as radiation (both ionizing and non-ionizing), lead, and asbestos.
- Other chemical hazards your patient says may be present on their worksite.
- Chemicals that can harm adults often have similar or more severe effects on a developing fetus. This includes endocrine disruptors (chemicals that interfere with normal hormonal function), carcinogens (agents that can cause cellular changes leading to cancer and possible birth defects or other harm to a fetus), and neurotoxicants (which often harm a developing brain and nervous system). Possible accommodations for pregnant construction workers include limiting exposure to solvents, phthalates (used to soften plastics), flame retardants, per- and polyfluoroalkyl substances (PFAS), and pesticides.
- Frequent lifting, lifting large or bulky items, and lifting in awkward postures reduce the amount of weight that can be safely handled (see clinical guidelines for lifting during pregnancy).
- Loud noise that can damage developing fetal ears or increase stress on the pregnant worker.

Providing:

- Additional personal protective equipment (PPE) such as gloves, respiratory protection, or eye protection. PPE may also need to be replaced throughout pregnancy as the worker's fit needs change.
- More water and breaks, especially when working in indoor or outdoor heat since pregnant people are at increased risk for heat stress (which can also harm a fetus).
- A stool or chair to limit standing for some tasks when possible.
- Time off to attend healthcare appointments.
- Adequate bathroom access and breaks.

When caring for a pregnant construction worker, be aware that:

- Construction is a male-dominated industry, and women and non-binary people face obstacles to getting and keeping jobs.ⁱⁱ Your patient may justifiably be hesitant to disclose their pregnancy at work because of discrimination and harassment.
- Although your patient may be one of few women at her jobsite, there are almost one million women working in construction in the U.S.ⁱⁱⁱ She is not the first or the only pregnant construction worker.
- Pregnancy accommodations can help workers keep their jobs, whereas a lack of accommodations may be a factor in workers leaving their jobs and possibly losing access to critical employment benefits such as health insurance. Almost two in three women and non-binary tradespeople report that lack of pregnancy accommodations were very or somewhat important reasons for leaving or thinking about leaving the trades.^{iv}
- Construction work is mobile and transient, and your patient may move between jobs during their pregnancy. Your patient may need updated assessments and accommodations when beginning at a new worksite.
- Some construction workers who are union members have pregnancy and maternity benefits guaranteed by their union contracts. These benefits are separate from disability insurance. Ask your patient about any available union contract benefits.

Additional Resources:



To better understand specific exposures during pregnancy and breastfeeding, visit NIOSH's [Reproductive Health in the Workplace - Exposures](#) website.



To learn more about pregnancy in construction, read Women in Trades & the Institute for Women's Policy Research's [Pregnancy and Maternity Leave in the Trades](#) report.



To learn more about pregnant construction workers' legal rights, visit Better Balance's [Pregnant and Postpartum Workers Toolkit](#).



To review information about legal best practices for helping pregnant patients seek workplace accommodations, see Center for Worklife Law's [Pregnant @ Work](#) project.



To learn more about specific construction jobsite hazards and construction worker exposures, review CPWR's [Work-Related Task Lists by Construction Occupation](#).



To learn more about lead and health during pregnancy, visit CDC's [Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women](#).

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ⁱ Jackson, R.A., Gardner, S., Torres, L.N., Huchko, M.J., Zlatnik, M.G., & Williams, J.C. (2015). My Obstetrician Got Me Fired: How Work Notes Can Harm Pregnant Patients and What to Do About It. *Obstetrics & Gynecology*, 126(2), 250-254. <https://doi.org/10.1097/AOG.0000000000000971>

ⁱⁱ Hegewisch, A. & Mefferd, E. (2021). A Future Worth Building: What Tradeswomen Say About the Change They Need in Construction. *The Institute for Women's Policy Research*. https://iwpr.org/wp-content/uploads/2022/02/A-Future-Worth-Building-What-Tradeswomen-Say_FINAL.pdf

ⁱⁱⁱ CPWR-The Center for Construction Research and Training. [2022]. Women in Construction. <https://www.cpwpr.com/research/data-center/data-dashboards/women-in-construction/>

^{iv} Hegewisch, A. & Mefferd, E. (2021). A Future Worth Building: What Tradeswomen Say About the Change They Need in Construction. *The Institute for Women's Policy Research*. https://iwpr.org/wp-content/uploads/2022/02/A-Future-Worth-Building-What-Tradeswomen-Say_FINAL.pdf