

# Understanding the Psychology of Pregnancy Discrimination as a Challenging Woman's Mental Health Workplace Dynamic

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**Abstract:** There remains a gap in the literature regarding labor and workplace dynamics for women regarding pregnancy discrimination. Women navigate environments that are tethered to gendered norms of productivity, work performance, and leadership. This article extrapolates the social as well as psychological systemology by which motherhood remains a liability to an organization's bottom line leading to bias, exclusion, and differential treatment that, necessarily, has negative implications on both mental health and career longevity for women. We draw upon interdisciplinary literature from organizational psychology, feminist theory, and occupational health, to unpack the ways in which stereotypes, circumjacent to competence, commitment, and physical ability, inform decision-making, by leadership, as well as interactions with colleagues during pregnancy. This article explores how future-oriented bias, heightened surveillance, and unorthodox disciplinary methods—such as stalled promotions, role reallocation, social marginalization, and disproportionate consequences—lead to psychological stress, anxiety, depressive symptoms, stereotype threat, and diminished psychological safety for women. Particular scrutiny is lent to the role of organizational culture in codifying these practices which orientate pregnancy as an individual inconvenience rather than a structural condition and a human right that requires supportive systems. This paper further examines how women engage in identity management planning, self-censorship, as well as hyperperformance, to mitigate imagined risk, at the expense of one's mental health. This paper argues that pregnancy bias and discrimination are not merely legal or policy nonfeasance, but a form of psychosocial workplace oppression entrenched within the ranks of power further emboldened by cultural demands, and the lack of social status of women. The article concludes by outlining best practices for organizational leadership, mental health policy, and workplace design, underscoring the need for preemptive cultural interventions and accountability measures that prioritize mental health and assert that pregnancy, professional competence, and leadership can coexist.

**Keywords:** Pregnancy Discrimination, Workplace Discrimination, Mental Health, Organizational Culture, Gender Discrimination, Workplace Belonging, Workplace Psychological Safety

**JEL Classification Codes:** J61, J71, Z13

## Introduction

Pregnancy in the workplace constitutes a widespread and enduring global phenomenon, yet its prevalence and consequences are unevenly distributed across national and socioeconomic contexts (Huff et al., 2023). In the United States, pregnancy rates among women aged 15 to 44 reached an estimated 101.6 per 1,000 women in 2019, exceeding those observed in comparable developed nations such as Canada (76.3 per 1,000) and the United Kingdom (67.4 per 1,000) (Centers for Disease Control and Prevention [CDC], 2020; International Planned Parenthood Federation, 2020). These disparities are further exacerbated by structural inequities, as pregnancy rates in the United States are disproportionately higher among low-income women, women of color, and immigrant populations (Federico, 2020). These groups are also more likely to be

employed in precarious or low-wage occupations, rendering them particularly vulnerable to workplace discrimination and its attendant psychological stressors.

The psychological consequences of pregnancy discrimination must be understood within the broader policy environment of the United States, which remains one of the few industrialized nations that does not mandate paid maternity leave at the federal level (Auerbach & Bujaki, 2014). This absence of institutional support amplifies uncertainty and perceived vulnerability among pregnant workers, often forcing them to navigate pregnancy under conditions of heightened job insecurity. Anticipatory stress, characterized by chronic anxiety over potential job loss, reduced income, or stalled career advancement, can emerge even in the absence of overt discriminatory acts (Huff et al., 2023). Over time, such stress has been linked to adverse mental health outcomes, including depression, anxiety disorders, and diminished psychological well-being (Mauro, 2013). For many women, pregnancy thus becomes not only a physiological transition but also a period marked by sustained psychological strain.

Pregnancy discrimination remains a pervasive form of gender-based discrimination within healthcare and other professional environments, despite longstanding legal protections. Discriminatory practices manifest along a continuum, ranging from explicit exclusion to more subtle, systemic mechanisms (Huff et al., 2023). Direct discrimination involves overt actions, such as denial of promotions, termination, or wage stagnation explicitly attributed to pregnancy status. Indirect discrimination, by contrast, occurs through ostensibly neutral workplace policies that disproportionately disadvantage pregnant workers. For instance, rigid attendance requirements that fail to accommodate prenatal medical appointments or blanket lifting requirements that do not reflect actual job functions may systematically marginalize pregnant employees. Psychologically, indirect discrimination can be particularly damaging, as it often leaves workers uncertain about whether they are being treated unfairly, fostering self-doubt, internalized blame, and emotional exhaustion.

From a psychological and public health perspective, pregnancy discrimination extends beyond individual workplace disputes and constitutes a broader societal concern. Defined as adverse treatment based on pregnancy, childbirth, or related medical conditions, including lactation (U.S. Equal Employment Opportunity Commission [EEOC], 2017), such discrimination undermines mental health by eroding autonomy, dignity, and perceived social support (Burrell et al., 2024; Tinuoye, 2025). A pregnant employee who is discouraged from requesting reasonable accommodations, for example, may experience heightened stress and guilt, perceiving herself as a burden to her employer. These psychological stressors can compound existing vulnerabilities and have been associated with poorer prenatal health behaviors, increased risk of perinatal mood disorders, and reduced engagement with healthcare services (Huff et al., 2023).

The economic and career ramifications of pregnancy discrimination further intensify its psychological toll (Burrell et al., 2024; Tinuoye, 2025). Financial instability is a well-established predictor of mental distress, and pregnancy discrimination frequently precipitates abrupt income loss or career disruption. Research by the National Partnership for Women & Families (NPWF, 2019) estimates that pregnancy discrimination results in approximately \$16 billion in lost wages annually for affected workers and their families. Complementing these findings, a survey conducted by the American College of Obstetricians and Gynecologists (ACOG, 2017) revealed that nearly half of respondents reported being forced to leave their jobs due to pregnancy-related discrimination. Such disruptions can produce long-term psychological consequences, including diminished self-efficacy, chronic stress, and feelings of professional marginalization that persist well beyond the postpartum period.

The implications of pregnancy discrimination are not confined to affected individuals; they also reverberate throughout organizations and institutions (Huff et al., 2023). Employers who fail to implement protective measures risk cultivating hostile work environments that

undermine trust, morale, and collective psychological safety (Burrell et al., 2024; Tinuoye, 2025). For example, when pregnant employees observe colleagues being penalized for requesting accommodations, a culture of silence and fear may emerge, discouraging open communication and exacerbating stress across the workforce. From an organizational standpoint, these dynamics can translate into decreased productivity, higher turnover, and reputational harm. Moreover, the psychological harm inflicted by discriminatory practices increases the likelihood of legal action, exposing employers to costly litigation and long-term institutional damage (Huff et al., 2023).

Pregnancy discrimination in the workplace represents a critical intersection of public health, organizational ethics, and mental health, with far-reaching consequences for the psychological well-being of affected women (Huff et al., 2023). Beyond its legal classification, pregnancy discrimination functions as a chronic psychosocial stressor that disrupts emotional stability, professional identity, and perceived self-worth during a period of heightened vulnerability. The threat or experience of discriminatory treatment, such as job loss, reduced responsibilities, or exclusion from advancement opportunities, can precipitate sustained anxiety, depressive symptoms, and stress-related health conditions. These psychological harms often coexist with economic insecurity and restricted access to healthcare, amplifying their cumulative impact on maternal and family well-being.

## **Problem Statement**

National enforcement data underscore the pervasiveness of this issue. Under the Pregnancy Discrimination Act, the Equal Employment Opportunity Commission (EEOC) receives approximately 5,000 or more pregnancy-related discrimination complaints annually (Pregnancy Discrimination Act, 2018). Moreover, among the roughly 25,000 discrimination charges processed by the Commission each year, nearly one-third involve pregnant workers. These figures likely underestimate the true scope of the problem, as fear of retaliation, financial dependence on employment, and normalization of discriminatory practices may deter many women from formally reporting their experiences. Psychologically, this underreporting reflects a broader climate of silence in which pregnant employees internalize stress rather than seek redress.

Survey-based research further illustrates the psychological burden borne by pregnant workers. A national survey conducted by the National Partnership for Women & Families found that nearly one in four working women reported experiencing pregnancy discrimination (National Partnership for Women & Families, 2014). Such experiences frequently include subtle yet psychologically damaging behaviors, being excluded from key meetings, receiving fewer work assignments, or being implicitly discouraged from requesting accommodations. These actions can foster feelings of isolation and diminished professional legitimacy. Importantly, the prevalence of discrimination is not evenly distributed (Burrell et al., 2024; Tinuoye, 2025).

Research focusing on low-income communities revealed that nearly one in five pregnant women reported being fired or laid off due to pregnancy (Rasmussen & Padilla, 2017). For women already navigating economic precarity, the psychological toll of such treatment is particularly acute, often manifesting as chronic stress, fear, and erosion of future career confidence (Huff et al., 2023).

Clinical and occupational health data further reinforce the depth of this problem. A 2017 survey conducted by the American College of Obstetricians and Gynecologists (ACOG) found that nearly two-thirds of its 1,101 respondents reported experiencing pregnancy discrimination, including reduced work hours, fewer shifts, and a lack of employer support. These practices, while sometimes framed as operational decisions, frequently signal to pregnant workers that their presence is inconvenient or undesirable, undermining psychological safety in the workplace. Similarly, a 2019 survey by the National Partnership for Women & Families (NPWF) revealed that approximately one in five pregnant employees

were denied reasonable accommodations, such as modified duties, additional breaks, or flexible schedules. The denial of such accommodations can exacerbate stress and fatigue while reinforcing perceptions of inequity and marginalization.

The broader workplace environment plays a decisive role in shaping employee mental health, particularly for pregnant workers. Discrimination against women remains pervasive across many organizational contexts, contributing to climates that tolerate inequity and psychological harm (Sprague et al., 2019). When leaders fail to actively challenge discriminatory norms, employees may experience diminished trust in management and increased emotional distress. For example, a pregnant employee who observes supervisors dismiss accommodation requests may suppress her own needs, prioritizing job security over health, with long-term psychological consequences.

Accordingly, organizational leaders and managers bear a critical responsibility to cultivate workplaces that are not only legally compliant but also psychologically supportive and equitable (Burrell et al., 2024; Tinuoye, 2025). In response to these challenges, this paper critically examines existing literature to identify leadership strategies capable of mitigating pregnancy discrimination and its psychological effects. By centering mental health outcomes and organizational responsibility, this analysis seeks to advance a more comprehensive understanding of how leadership practices can reduce harm, promote psychological safety, and foster inclusive workplace cultures for pregnant employees.

### **Purpose of the Study**

The purpose of this qualitative focus group study was to examine the psychological and career-related effects of pregnancy discrimination as experienced by working mothers who perceived that pregnancy negatively influenced their professional advancement. Using interview feedback from ten female employees, the study explored how workplace treatment during and after pregnancy shaped participants' mental well-being, professional identity, and perceptions of long-term career viability. By centering women's lived experiences, this study aims to deepen understanding of how discriminatory practices, both overt and subtle, contribute to sustained psychological distress and altered career trajectories.

### **Significance of the Study**

This study is significant because it advances scholarship on pregnancy discrimination by foregrounding its psychological consequences rather than focusing solely on legal or economic outcomes. The findings highlight how discriminatory workplace practices function as chronic stressors that undermine emotional well-being, self-efficacy, and psychological safety among working mothers. By documenting how experiences such as denied accommodations, reduced responsibilities, and exclusion from advancement opportunities affect mental health, this study offers practical insight for organizational leaders, policymakers, and mental health professionals seeking to create more equitable and psychologically supportive work environments.

### **Nature of the Study**

This research employed a qualitative focus group design to explore the lived experiences of ten working mothers who reported perceived career harm and levels of pregnancy discrimination following pregnancy. Semi-structured focus group interviews were used to elicit participants' reflections on workplace treatment, emotional responses, and long-term career impact. Data were analyzed thematically to identify patterns related to psychological stress, professional marginalization, and diminished career confidence. A qualitative approach was selected to capture the depth and complexity of participants' psychological experiences that cannot be adequately measured through quantitative methods.

## **Legal Protections and Psychological Implications of Pregnancy Discrimination**

In the United States, pregnant workers are formally protected under several federal statutes, including the Pregnancy Discrimination Act of 1978 (PDA), Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act (ADA). Collectively, these laws establish a legal framework intended to prevent discriminatory treatment based on pregnancy, childbirth, or related medical conditions and to provide mechanisms for redress when violations occur. However, while these statutes delineate employer obligations, their existence alone does not insulate pregnant workers from psychological harm. The gap between legal protection and lived experience often generates heightened stress, particularly when women must weigh the emotional and financial costs of asserting their rights against the risk of retaliation or professional marginalization.

The Pregnancy Discrimination Act of 1978 serves as the cornerstone of federal protections for pregnant employees. The PDA prohibits adverse employment actions, such as termination, denial of promotion, or compensation disparities, on the basis of pregnancy or related conditions and applies to employers with fifteen or more employees. Importantly, the Act requires that pregnant workers be treated equivalently to other employees with similar work limitations (U.S. Equal Employment Opportunity Commission [EEOC], 2020). In practice, however, pregnant employees frequently report being subtly sidelined under the guise of concern for their well-being, such as being removed from high-responsibility projects or excluded from leadership opportunities. While framed as benevolent, these actions can erode professional identity and foster feelings of diminished competence and self-worth, underscoring the psychological toll of discriminatory treatment that falls short of overt illegality (Burrell et al., 2024).

Title VII of the Civil Rights Act of 1964 further reinforces protections by prohibiting discrimination on the basis of sex, which encompasses pregnancy-related discrimination. Under Title VII, employers may not penalize employees for taking pregnancy-related leave or for balancing work responsibilities with caregiving demands following childbirth (EEOC, 2020). Nevertheless, the psychological impact of enforcement disparities remains substantial. For example, a woman who returns from maternity leave to find her role informally restructured or her advancement trajectory stalled may experience chronic anxiety and mistrust toward organizational leadership. Such experiences contribute to anticipatory stress, wherein employees remain in a persistent state of vigilance, uncertain whether future career opportunities will be equitably accessible.

The Americans with Disabilities Act extends additional protections by requiring reasonable accommodations for employees with qualifying pregnancy-related conditions. These accommodations may include modified duties, flexible scheduling, or additional rest breaks. While legally mandated, requests for accommodations often place pregnant workers in psychologically precarious positions (Huff et al., 2023). Women may fear being perceived as less committed or burdensome, leading some to forgo accommodations altogether. This internal conflict, choosing between physical health needs and professional legitimacy, can intensify stress and exacerbate anxiety, particularly in organizational cultures that valorize uninterrupted productivity (EEOC, 2020).

## **Enforcement Mechanisms and Emotional Burden**

Enforcement of these federal protections is primarily conducted through the U.S. Equal Employment Opportunity Commission, which investigates claims of workplace discrimination (Burrell et al., 2023). While the EEOC provides a formal avenue for accountability, the process itself can be emotionally taxing. Filing a complaint requires pregnant employees to relive discriminatory experiences, often while continuing to work in the same environment (Burrell et al., 2023). The prolonged uncertainty associated with investigations, combined with fear of retaliation or reputational harm, can amplify psychological distress. Even when remedies are

granted, the emotional consequences, such as loss of trust, burnout, and disengagement, may persist long after legal resolution.

### **Physical and Psychological Consequences of Discrimination**

Pregnancy discrimination carries measurable physical health consequences, frequently mediated by psychological stress and reduced access to supportive resources (Huff et al., 2023). Research indicates that discriminatory workplace environments are associated with increased risks of preterm birth, low birth weight, and other adverse outcomes (Kruse & Glynn, 2012). These risks are often compounded when women delay or avoid prenatal care due to job insecurity or loss of employer-sponsored health insurance. For instance, a pregnant employee who fears termination may postpone medical appointments to avoid drawing attention to her condition, inadvertently increasing health risks for both mother and child.

Psychologically, pregnancy discrimination operates as a chronic stressor with profound emotional repercussions. Women subjected to discriminatory treatment commonly report elevated levels of anxiety, depressive symptoms, and emotional exhaustion (Kruse & Glynn, 2012). These psychological effects are often intensified by feelings of guilt and shame, particularly when women internalize organizational messages suggesting that pregnancy represents a professional liability. Over time, such internalization can diminish self-efficacy and contribute to long-term disengagement from career advancement opportunities (Huff et al., 2023).

### **Economic Insecurity and Psychological Stress**

The economic ramifications of pregnancy discrimination further magnify its psychological impact. Women who experience pregnancy-related discrimination are more likely to face stalled promotions, reduced earnings, or job loss, undermining both immediate and long-term financial stability (Mauro, 2013). Economic insecurity is closely linked to mental health outcomes, and for working mothers, financial strain often coincides with heightened caregiving demands. The resulting stress can persist well beyond the postpartum period, shaping career decisions and reinforcing gender-based inequities in leadership representation (Huff et al., 2023).

### **Lack of Supportive Policies and Mental Health Outcomes**

The absence of comprehensive, supportive family policies in the United States represents a critical structural contributor to pregnancy discrimination and its psychological consequences (Huff et al., 2023). Many women exit the workforce not due to lack of commitment, but because organizational and national policies implicitly frame motherhood as incompatible with professional success. Research demonstrates that insufficient maternity leave is associated with higher rates of postpartum anxiety and depression, while longer leave durations are linked to improved maternal mental health, increased healthcare utilization for infants, and lower infant mortality rates (Shortall, 2015; Hideg et al., 2018).

Despite these findings, most U.S. women return to work within weeks of childbirth, often driven by financial necessity or fear of career stagnation. The psychological strain of balancing recovery, caregiving, and professional expectations during this period is considerable. By contrast, organizations that offer extended paid leave, such as Amazon, Netflix, IKEA, and Deloitte, provide models of how supportive policies can reduce stress and normalize caregiving without penalizing career progression (McGregor, 2016; Molla, 2018). Employees in such environments report greater psychological security and sustained organizational commitment (Huff et al., 2023).

International comparisons further highlight the inadequacy of U.S. maternity protections. Unlike countries such as Canada, Finland, and Germany, which offer extended, subsidized parental leave, the United States remains one of the few nations without federally mandated paid maternity leave (Neckermann, 2017). Adopting more comprehensive family-

supportive policies could mitigate the psychological harms associated with pregnancy discrimination and foster workplace cultures in which women do not feel compelled to choose between economic survival and maternal well-being (Huff et al., 2023).

### **Employer Responsibilities and Psychological Safety in the Workplace**

Employers bear a fundamental responsibility for cultivating workplace cultures that protect employees from discrimination and harassment and actively promote psychological safety. Creating such environments requires more than legal compliance; it necessitates intentional organizational practices that affirm employee dignity, equity, and mental well-being (Burrell et al., 2024; Tinuoye, 2025). In the context of pregnancy discrimination, psychologically healthy workplaces are those in which pregnancy is neither penalized nor treated as an organizational inconvenience. When employers fail to establish these conditions, pregnant employees may experience chronic stress, heightened anxiety, and fear of professional reprisal, psychological outcomes that can persist long after pregnancy (Huff et al., 2023).

To mitigate these risks, employers must implement comprehensive training initiatives that educate employees and supervisors on anti-discrimination laws, organizational policies, and the psychological consequences of inequitable treatment (Burrell et al., 2024). For example, training that explicitly addresses unconscious bias toward pregnant workers can reduce behaviors such as excluding pregnant employees from leadership opportunities under the guise of protection. In parallel, organizations must maintain clear, accessible procedures for reporting discrimination and harassment, ensuring that employees feel secure in voicing concerns without fear of retaliation (Burrell et al., 2024). Retaliatory environments are particularly damaging to mental health, as they reinforce silence, isolation, and emotional distress (Burrell et al., 2024).

Reasonable accommodations represent another critical employer obligation with direct psychological implications. Accommodations such as flexible scheduling, modified duties, or additional rest breaks not only support physical health but also convey organizational respect and validation. Conversely, when accommodations are denied or treated as burdensome, pregnant employees may internalize feelings of guilt and diminished worth, exacerbating stress and anxiety (Huff et al., 2023). Equitable pay practices and transparent advancement criteria further reinforce psychological security by signaling that pregnancy does not diminish professional value or future opportunity.

Beyond pregnancy-specific considerations, employers must foster inclusive policies that recognize diverse family and caregiving needs (Huff et al., 2023). Family-supportive cultures benefit all employees and reduce stigma associated with taking leave. Gender-neutral paid family leave policies, for example, normalize caregiving across the workforce and prevent the disproportionate penalization of women's careers. Deloitte's model of offering 16 weeks of paid family leave to all employees, with additional leave for new mothers, illustrates how inclusive benefits can support mental well-being while avoiding the reinforcement of gendered career penalties (McGregor, 2016). Research suggests that when caregiving benefits are limited to women, perceptions of reduced commitment may intensify, widening gender disparities in advancement (Collings et al., 2018).

### **Leadership Responsibilities and the Mitigation of Psychological Harm**

Organizational leaders and managers occupy a pivotal role in shaping workplace climates that either perpetuate or prevent pregnancy discrimination (Huff et al., 2023). Leadership behavior sends powerful psychological signals regarding belonging, value, and safety. Inclusive leaders who consistently demonstrate respect and equity can buffer the psychological harm associated with pregnancy-related challenges, whereas indifferent or biased leadership can amplify stress and disengagement (Sprague et al., 2019).

Leaders are responsible for ensuring that anti-discrimination policies are not merely symbolic but actively enforced (Burrell et al., 2024). This includes responding promptly and transparently to reports of discrimination and communicating outcomes in ways that reinforce trust and accountability. For example, when a pregnant employee reports being excluded from a promotion process, a leader's willingness to investigate thoroughly and correct the inequity can restore psychological safety and reinforce confidence in organizational justice. In contrast, dismissive responses or delayed action often intensify feelings of vulnerability and mistrust.

Additionally, leaders play a crucial role in fostering inclusive cultures by ensuring equitable access to resources, mentorship, and professional development. Mentorship programs that support pregnant employees and working parents can counteract isolation and reinforce professional identity during periods of transition (Huff et al., 2023). Similarly, career development initiatives that remain accessible during and after parental leave signal that long-term advancement remains attainable (Sprague et al., 2019). These practices are particularly important in mitigating the internalized stigma that many pregnant workers experience.

Finally, leaders must address discriminatory behavior decisively and consistently. Swift corrective action, ranging from counseling to disciplinary measures, demonstrates organizational intolerance for discrimination and protects employees from prolonged psychological harm (Sprague et al., 2019). When leaders fail to intervene, discriminatory norms may become normalized, creating environments in which pregnant employees experience ongoing stress, emotional exhaustion, and diminished engagement. By contrast, decisive leadership reinforces psychological safety and supports sustained employee well-being (Burrell et al., 2024).

### **Workplace Challenges Facing Women and the Psychological Consequences**

Women's career trajectories are frequently shaped by structural and cultural expectations surrounding caregiving, which intersect with pregnancy discrimination to produce profound psychological consequences. Research suggests that many women voluntarily withdraw from leadership pathways not due to lack of ambition, but because of the anticipated emotional and logistical strain associated with balancing senior roles and family responsibilities (Peterson & Wien-Tuers, 2014). This anticipatory withdrawal is often driven by internalized social pressure. For example, 77% of women report feeling a strong expectation to be highly involved parents, a burden that disproportionately intensifies during pregnancy and early motherhood (Gramlich, 2017). The psychological weight of these expectations, manifesting as guilt, anxiety, and role conflict, frequently influences women's career decisions long before formal discrimination occurs.

Empirical data further highlight the structural inequities that reinforce these psychological pressures. Garf et al. (2019) found that 39% of mothers took extended leave from work and 42% reduced their working hours to manage caregiving responsibilities. While such adjustments are often framed as personal choices, they are frequently made within organizational contexts that offer limited flexibility or implicitly penalize caregiving. The psychological consequences include diminished professional confidence and fear of long-term career stagnation. Over time, repeated trade-offs between caregiving and career advancement can erode self-efficacy and reinforce perceptions that leadership roles are incompatible with motherhood.

Gendered disparities in caregiving time further compound these challenges. Women are solely responsible for childcare approximately one-third of the time, compared to men, who assume sole caregiving responsibilities only 8% of the time (Zinn et al., 2018). This imbalance becomes particularly consequential in leadership cultures that valorize long working hours and constant availability. Research indicates that extended work hours

significantly reduce time spent with family, and that this reduction negatively affects both productivity and organizational commitment (Hsu et al., 2019). For pregnant women and working mothers, the psychological toll of these expectations often includes chronic stress, emotional exhaustion, and heightened work–family conflict.

Organizational norms surrounding business travel further exacerbate psychological strain and career inequity. Yanosek et al. (2018) found that women are more likely to decline leadership opportunities requiring frequent travel or relocation due to caregiving responsibilities. In many organizations, however, willingness to travel is interpreted as a proxy for commitment. As a result, women, particularly pregnant employees and mothers, may be perceived as less dedicated to their careers, regardless of performance (Vahter & Masso, 2019). This misalignment between organizational expectations and caregiving realities fosters psychological distress by reinforcing stereotypes and limiting access to advancement opportunities.

### **Gender-Friendly Organizational Climates and Psychological Well-Being**

A gender-friendly organizational climate plays a critical role in mitigating the psychological harms associated with pregnancy discrimination and caregiving inequities (Huff et al., 2023). Gender-inclusive workplaces are characterized by equitable access to resources, transparent advancement processes, and fair compensation practices, ensuring that both men and women have comparable opportunities for growth and leadership (Burrell, 2022; Lucas, 2019). Such environments not only promote fairness but also enhance psychological safety by affirming that pregnancy and caregiving do not diminish professional value.

Organizations that actively integrate women as essential contributors benefit from diverse perspectives, innovative problem-solving, and increased organizational resilience (Burrell, 2022). However, achieving these outcomes requires intentional structural reforms. Burrell (2022) and Huff et al. (2023) emphasize that gender-friendly organizations critically reassess leadership role expectations, implement wage transparency, support career continuity during life transitions, and prioritize work–life balance. For example, revising leadership criteria to focus on outcomes rather than physical presence can alleviate psychological stress for pregnant employees who may otherwise feel pressured to overperform to counteract bias.

Flexible work arrangements, extended parental leave, comprehensive healthcare coverage, and access to mentorship have also been shown to improve gender equity and psychological well-being in the workplace (Lee, 2017). Such policies normalize caregiving across genders and reduce stigma associated with pregnancy-related accommodations. When employees observe organizational support for family responsibilities, they are less likely to experience guilt or fear when utilizing available benefits (Huff et al., 2023).

Sustainable progress toward gender equity ultimately requires deep cultural transformation. Organizational culture, defined by shared values, norms, and assumptions, must explicitly support gender equality and psychological inclusion (Burrell, 2019; Robbins & Judge, 2017). Leaders play a pivotal role in shaping this culture by signaling that advancement is based on competence and contribution rather than conformity to traditionally masculine work patterns. An organizational climate that consistently reinforces these values fosters trust, reduces stress, and enables pregnant employees and working mothers to pursue leadership roles without compromising mental well-being (Burrell, 2022).

### **Servant Leadership, Allyship, and Psychological Protection in the Workplace**

Servant leadership is a values-driven leadership approach that prioritizes the needs, well-being, and development of followers above the self-interest of those in positions of authority. Central to this model is intentional listening, empathy, and responsiveness to employee concerns, with the explicit aim of cultivating trust, dignity, and mutual respect within organizational environments (Gill, 2012). When effectively enacted, servant leadership creates conditions in which employees

feel psychologically secure, empowered to voice concerns, and confident that their contributions are valued. This emphasis on psychological safety is particularly salient for pregnant employees, who may otherwise experience heightened vulnerability, fear of judgment, or anxiety about professional consequences during pregnancy.

Empirical research has consistently linked servant leadership to increased job satisfaction, organizational commitment, and employee engagement (Gill, 2012). These outcomes are not merely indicators of productivity but also reflect improved psychological well-being. In workplaces shaped by servant leadership, pregnant employees are less likely to experience the anticipatory stress associated with disclosure of pregnancy or requests for accommodation. For example, a servant-oriented manager who invites open dialogue about workload adjustments signals that pregnancy-related needs will be met without penalty, thereby reducing anxiety and fostering emotional stability during a critical life transition.

A defining feature of servant leadership is the intentional cultivation of strong relational bonds between leaders and employees. Servant leaders seek to understand employees as whole individuals, recognizing personal circumstances, including pregnancy and caregiving responsibilities, as integral rather than peripheral to professional identity (Gill, 2012). This relational orientation directly counters workplace cultures that implicitly frame pregnancy as a liability. By affirming employee worth and competence, servant leaders help mitigate internalized stigma and protect against the psychological erosion that often accompanies discriminatory treatment.

Communication and collaboration further distinguish servant leadership as a protective framework against discrimination. Leaders who model transparency and active listening create environments in which employees feel safe raising concerns related to bias, harassment, or inequitable treatment (Gill, 2012). For pregnant employees, this openness is critical. The ability to report subtle forms of discrimination, such as exclusion from projects or assumptions about reduced commitment, without fear of retaliation can significantly reduce emotional distress and prevent the normalization of discriminatory practices.

Servant leadership has also been identified as an effective mechanism for advancing gender equity and fostering a sense of belonging among women in the workplace (Higgs & Dulewicz, 2018). By emphasizing inclusion, shared power, and collective success, servant leaders counter hierarchical norms that disproportionately disadvantage women during pregnancy and motherhood. Research suggests that such leadership environments are associated with increased engagement and sustained productivity among female employees, in part because psychological safety enables continued professional investment (Brown & Palanski, 2017).

Complementing servant leadership, allyship functions as an action-oriented strategy through which individuals in positions of relative power actively support marginalized groups. In the context of pregnancy discrimination, allyship involves recognizing structural inequities, challenging biased assumptions, and advocating for fair treatment of pregnant employees. Effective allyship provides women with visible support and reduces the psychological isolation often experienced when discriminatory practices go unchallenged. Studies indicate that allyship contributes to workplace cultures in which women feel respected, protected, and able to develop their skills without fear of reprisal (Kouzes & Posner, 2017).

The integration of allyship and servant leadership offers a particularly robust framework for mitigating the psychological harms of pregnancy discrimination. While servant leadership establishes an organizational culture grounded in respect and care, allyship translates those values into concrete action by addressing power imbalances and confronting inequity directly (Kouzes & Posner, 2017). For instance, a servant leader who also practices allyship may not only listen empathetically to a pregnant employee's concerns but also intervene when biased decision-making threatens that employee's advancement.

Together, servant leadership and allyship create environments in which pregnant employees can engage fully and authentically in their work without sacrificing psychological well-being. By fostering trust, amplifying marginalized voices, and dismantling discriminatory norms, these approaches support both individual mental health and organizational equity. In doing so, they offer a viable pathway for reducing the enduring psychological consequences of pregnancy discrimination and promoting sustainable inclusion in the workplace.

## **Methods and Research Design**

This study employed a qualitative research design using semi-structured, in-depth interviews to examine the psychological impacts of pregnancy discrimination on working mothers. A qualitative approach was selected to capture the complexity, emotional nuance, and meaning-making processes associated with pregnancy-related workplace experiences, phenomena not adequately measured through quantitative instruments alone. The study was guided by an interpretivist paradigm, emphasizing participants' subjective perceptions of discrimination, emotional consequences, and organizational responsibility.

## **Participants**

The sample consisted of ten working mothers who self-identified as having experienced career disruption, stagnation, or regression following pregnancy and childbirth. Participants represented a range of professional sectors, including healthcare, education, corporate services, and technology. All participants had been employed full-time at the time of pregnancy and had returned to the workforce following maternity leave. Pseudonyms were assigned to protect confidentiality.

## **Data Collection**

Data were collected through one-on-one semi-structured interviews conducted virtually. Each interview lasted between 60 and 90 minutes and followed a consistent interview protocol consisting of four open-ended questions:

- In what ways do you feel that you experienced discrimination due to pregnancy?
- In what ways did your experiences impact you emotionally?
- In what ways should organizational leaders support women employees who become pregnant and have children?
- What kind of progressive policies and support systems should be in place to support pregnant women?

Follow-up prompts were used to encourage elaboration and clarify meaning. Interviews were audio-recorded and transcribed verbatim.

## **Data Analysis**

Interview data were analyzed using thematic analysis to identify recurring patterns and shared meanings related to participants' experiences of pregnancy discrimination and its psychological impacts. All interviews were transcribed verbatim and de-identified to protect participant confidentiality. The analysis began with repeated readings of each transcript to achieve familiarity with the data and to note initial impressions. During subsequent readings, meaningful segments of text were systematically coded using concise, descriptive labels that captured salient experiences, emotional responses, and organizational dynamics. Multiple codes were applied to segments where appropriate to reflect the complexity of participants' narratives.

As coding progressed, codes were compared across transcripts, refined, and consolidated to reduce redundancy and enhance conceptual clarity. Related codes were then clustered into broader categories, which were further examined to identify overarching themes

that represented shared experiences across participants. These themes were reviewed against the full data set to ensure internal coherence, distinctiveness, and adequate representation. Final themes were clearly defined and organized in alignment with the study's research questions. Analytic rigor was supported through iterative review of the coding framework and careful attention to maintaining consistency between themes and the underlying data.

## Findings

### Research Question 1

#### **In what ways do you feel that you experienced discrimination due to pregnancy?**

##### **Theme 1: Career Marginalization After Pregnancy**

**Definition:** Participants described being professionally sidelined following pregnancy, including loss of advancement opportunities, diminished responsibilities, and exclusion from influential work.

##### **Participant Quotes:**

- “Before I got pregnant, I felt visible at work. I was trusted, included in big conversations, and there was a clear sense that I was moving forward. Once I shared that I was pregnant, that visibility slowly faded. Projects I had been leading were reassigned without explanation, meetings happened that I wasn’t invited to, and feedback about my future just stopped. No one ever said I was being punished, but it felt like my pregnancy quietly erased all the momentum I had built.”
- “When I returned from maternity leave, my title was technically the same, but everything else felt different. The work I was given was smaller, safer, and less important. It felt like my career had been put on hold without my consent. Everyone else kept moving forward while I was stuck trying to prove I still belonged in a role I had already earned.”

##### **Theme 2: Subtle Bias and Assumptions About Commitment**

**Definition:** Discrimination frequently manifested through unspoken assumptions that pregnancy diminished ambition, reliability, or leadership potential.

##### **Participant Quotes:**

- “People stopped asking me what I wanted and started deciding for me. I heard things like, ‘We didn’t think you’d want this project right now,’ or ‘This might be too much for you.’ It was framed as concern, but it felt controlling. No one asked if I was still ambitious. They just assumed motherhood changed who I was.”
- “There was this shift in how people talked to me. It was subtle, but it was there. I felt like I was suddenly seen as less committed, less dependable. I was still working just as hard, but it felt like being a mom automatically put an asterisk next to my name.”

### Research Question 2

#### **In what ways did your experiences impact you emotionally?**

##### **Theme 1: Chronic Stress and Anxiety**

**Definition:** Participants described persistent emotional strain related to job security, performance scrutiny, and fear of being perceived as unreliable.

##### **Participant Quotes:**

- “I lived in a constant state of anxiety. Every email made me nervous, every meeting felt like a test. I worried that needing flexibility or having a sick child would confirm every negative stereotype about working mothers. It was exhausting to feel like I had to be perfect just to stay employed.”
- “The stress followed me everywhere. I’d lie awake replaying conversations, wondering if I said the wrong thing or asked for too much. It felt like my job security was fragile, like one misstep could cost me everything.”

### **Theme 2: Loss of Professional Identity and Confidence**

**Definition:** Participants reported diminished confidence and a fractured sense of professional identity following discriminatory experiences.

#### **Participant Quotes:**

- “I used to feel confident and proud of my work. After everything, I started questioning myself constantly. I wondered if maybe they were right, if I really wasn’t as capable anymore. It was painful to watch my confidence disappear.”
- “I didn’t recognize myself anymore. I went from being outspoken and driven to keeping my head down. I stopped advocating for myself because I was afraid of drawing attention.”

### **Research Question 3**

**In what ways should organizational leaders support women employees who become pregnant and have children?**

#### **Theme 1: Visible Advocacy and Normalization of Pregnancy**

**Definition:** Participants emphasized the need for leaders to explicitly affirm that pregnancy does not diminish competence or career potential.

#### **Participant Quotes:**

- “I needed someone in leadership to say out loud that my pregnancy didn’t change my value. Just hearing, ‘Your career is still important here,’ would have made a huge difference. Silence made everything feel uncertain.”
- “Leaders need to actively stand up for pregnant employees. When bias goes unchallenged, it feels like no one has your back, and that does real emotional damage.”

#### **Theme 2: Psychological Safety and Open Communication**

**Definition:** Participants stressed the importance of environments where women can express needs without fear of retaliation or judgment.

#### **Participant Quotes:**

- “I wanted to be honest about what I needed, but I didn’t feel safe. I was constantly weighing whether speaking up would hurt me later. That kind of fear takes a real toll.”
- “If leaders actually listened instead of assuming, so much stress could be avoided. Feeling heard matters more than policies on paper.”

### **Research Question 4**

**What kind of progressive policies and support systems should be in place to support pregnant women?**

#### **Theme 1: Flexible and Equitable Work Structures**

**Definition:** Participants emphasized the need for flexibility that is structurally embedded, consistently applied, and free from implicit career penalties. Flexibility was described not merely as a logistical accommodation, but as a critical determinant of psychological safety and sustained professional engagement.

#### **Participant Quotes:**

- “Flexibility shouldn’t feel like a personal favor that depends on how much your manager likes you. It should be built into the system so no one has to feel guilty for needing it. The stress of wondering whether flexibility would hurt my career was honestly worse than the workload itself.”
- “I didn’t want less responsibility or to be taken off meaningful work. I just needed the structure to shift a little while I adjusted. When flexibility comes with judgment, it stops being helpful.”

### **Best Practices and Recommendations:**

Organizations should institutionalize flexibility rather than treating it as an exception. This includes offering hybrid and remote work options, flexible start and end times, and results-oriented performance metrics that prioritize outcomes over physical presence. Importantly, flexibility policies should be standardized and transparent to prevent bias or inconsistency in implementation. Leaders should receive training on how to manage flexible teams without equating visibility with commitment, as such assumptions disproportionately disadvantage pregnant employees and working mothers.

To further reduce psychological strain, organizations can implement “flexibility guarantees,” ensuring that employees who utilize flexible arrangements remain eligible for promotions, leadership opportunities, and high-impact projects. Regular career check-ins during flexible work periods can reinforce continuity and counteract fears of professional stagnation.

### **Theme 2: Paid Leave and Career Continuity Protections**

**Definition:** Participants underscored the psychological importance of paid parental leave and explicit protections that preserve career momentum during and after leave. The absence of such protections was associated with anxiety, financial stress, and diminished professional confidence.

#### **Participant Quotes:**

- “Coming back after leave felt like starting from zero. My role was still there, but my place in the organization wasn’t. There should be real guarantees that your career doesn’t disappear while you’re doing something as basic as having a child.”
- “Paid leave would’ve changed my entire experience. Instead of worrying about money and whether I’d still have a job, I could’ve actually focused on healing and bonding with my baby. The anxiety ruined what should’ve been a meaningful time.”

### **Best Practices and Recommendations:**

Organizations should provide paid parental leave that is sufficient in duration to support physical recovery and psychological adjustment, with explicit job protection and salary continuation. Leave policies should be gender-neutral to normalize caregiving and prevent the disproportionate penalization of women’s careers. Research-informed leave lengths of at least 12–16 weeks can reduce postpartum anxiety and depression while improving employee retention.

Career continuity plans should be developed prior to leave, outlining how responsibilities will be managed, how employees will be reintegrated, and how performance evaluations will account for time away. Upon return, organizations should implement structured re-entry programs that include reduced workloads, protected time for skill re-acclimation, and leadership-sponsored reintegration meetings to reaffirm career trajectories.

### **Theme 3: Psychological Safety and Bias-Responsive Leadership**

**Definition:** Participants identified psychological safety, feeling secure enough to express needs without fear of retaliation, as foundational to effective support.

#### **Participant Quotes:**

- “I constantly weighed whether speaking up would hurt me later. That kind of fear wears you down over time and makes you stop trusting the organization.”
- “Policies don’t matter if leaders don’t make it safe to use them. The emotional damage comes from knowing you’ll be judged for needing support.”

### **Best Practices and Recommendations:**

Organizations should train leaders to recognize and address pregnancy-related bias, including benevolent discrimination and unconscious assumptions about commitment or capability. Leaders

should be evaluated not only on performance outcomes but also on their ability to foster inclusive, psychologically safe environments. Anonymous feedback mechanisms, regular climate surveys, and independent ombudspersons can provide pregnant employees with safe channels to report concerns. Leaders should also model vulnerability and openness by normalizing caregiving conversations and explicitly encouraging the use of available supports.

#### **Theme 4: Integrated Mental Health and Social Support Systems**

**Definition:** Participants highlighted the need for mental health resources that acknowledge the emotional complexity of pregnancy, discrimination, and caregiving transitions.

##### **Participant Quotes:**

- “No one talks about the mental toll. You’re expected to just push through, even when you’re exhausted and overwhelmed.”
- “Having someone check in on how I was doing emotionally, not just professionally, would’ve made me feel like I mattered as a person.”

##### **Best Practices and Recommendations:**

Organizations should provide access to perinatal mental health resources, including counseling services, employee assistance programs with pregnancy-specific expertise, and peer support groups for working parents. Regular well-being check-ins during pregnancy and postpartum periods can help identify distress early and reduce stigma around seeking help.

Mentorship and sponsorship programs pairing pregnant employees with leaders who have navigated similar experiences can further reduce isolation and reinforce professional identity. These relationships provide not only career guidance but also emotional validation and resilience-building support.

#### **Theme 5: Accountability, Measurement, and Continuous Improvement**

**Definition:** Participants stressed that support must be sustained and measurable, not symbolic.

##### **Best Practices and Recommendations:**

Organizations should track promotion rates, performance evaluations, turnover, and compensation outcomes for employees before and after pregnancy to identify inequities. Leadership accountability can be reinforced by tying inclusive outcomes to performance reviews and compensation structures.

Regular audits of leave usage, flexibility uptake, and career progression can ensure that policies are functioning as intended. Importantly, organizations should involve employees, particularly working mothers, in the design and evaluation of these policies to ensure they address real needs rather than theoretical ideals.

## Conclusions

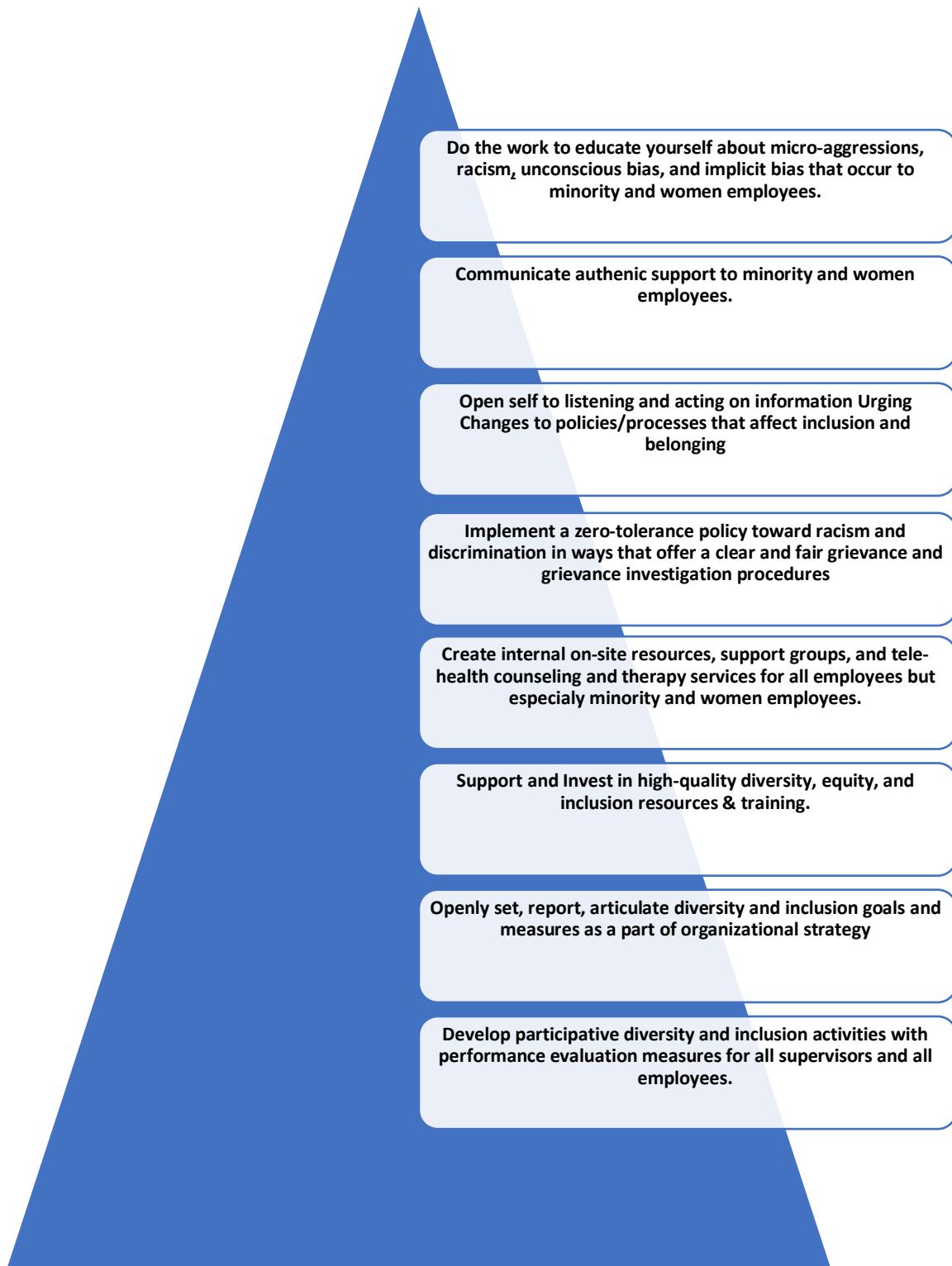


Figure 1: Darrell Burrell Supervisory Workplace Psychological Safety Model that supports people of color and women in the workplace (Burrell, 2022)

This model provides a framework for creating a supportive workplace culture for women in the workplace. Pregnancy in the workplace constitutes a multidimensional experience that extends well beyond physiological change, encompassing profound psychological and emotional consequences. Pregnant employees frequently navigate elevated stress arising from physical

demands, shifting professional expectations, and persistent uncertainty regarding job security and career continuity (Kersten, 2018). These stressors are often exacerbated by discriminatory assumptions that pregnancy diminishes competence or productivity, despite empirical evidence to the contrary (Federico, 2020). When such assumptions go unchallenged, they contribute to chronic anxiety, diminished self-efficacy, and emotional exhaustion. For example, a pregnant employee who is informally removed from leadership-track assignments may internalize the message that her professional value has declined, producing long-lasting psychological harm.

Pregnancy discrimination and gender inequity remain deeply embedded in many organizational cultures, reinforcing emotional strain and professional marginalization. Although policy reform and structural change are necessary, leadership behaviors and organizational norms play an equally decisive role in shaping psychological outcomes. Approaches such as allyship and servant leadership offer particularly effective frameworks for mitigating the mental health consequences of discrimination. Allyship, characterized by active advocacy and the disruption of inequitable power dynamics, reduces isolation and reinforces belonging. Servant leadership, which prioritizes empathy, empowerment, and relational trust, further fosters psychological safety. Together, these approaches create environments in which pregnancy is normalized rather than penalized, reducing stress and supporting sustained professional identity.

Organizational leaders bear significant responsibility for translating legal protections into lived psychological security. One critical and often overlooked mechanism for achieving this is comprehensive education and training on pregnancy-related employment law. Training managers and employees on the Pregnancy Discrimination Act (PDA) and the Americans with Disabilities Act (ADA) is essential not only for legal compliance but also for preventing the psychological harm that arises from ignorance, misinterpretation, or inconsistent application of the law. Without such training, managers may unintentionally engage in benevolent discrimination—such as excluding pregnant employees from challenging assignments under the guise of protection—thereby undermining autonomy and confidence.

Mandatory, ongoing training programs should equip managers with practical guidance on recognizing pregnancy-related bias, responding appropriately to accommodation requests, and understanding their obligations under the ADA to provide reasonable accommodations for pregnancy-related conditions. When managers are well-informed, they are better positioned to make equitable decisions that reduce fear, ambiguity, and emotional distress for pregnant employees. Similarly, educating all employees on the PDA and ADA fosters shared accountability and reduces stigma by clarifying that accommodations and protections are rights, not favors. Such knowledge can shift workplace norms, encouraging empathy and collective responsibility rather than silence or resentment.

Beyond legal education, organizations must ensure access to comprehensive and affordable health insurance that supports reproductive and maternal healthcare, including prenatal services, contraception, and abortion care (Bartlett, 2020). Access to clear, affordable healthcare coverage reduces psychological strain by alleviating financial anxiety and enabling informed health decisions. When employees understand their benefits and trust that their medical needs will be supported, they experience greater emotional stability during pregnancy.

Supportive work environments further require flexible structures that acknowledge the realities of pregnancy and caregiving. Flexible scheduling, remote work options, and temporary workload modifications allow pregnant employees to manage health needs without sacrificing professional engagement or psychological well-being (Federico, 2020). Paid parental leave policies, when paired with explicit reintegration plans and protections for career continuity, serve as powerful buffers against stress and disengagement.

Finally, organizations must implement clear, enforceable policies that protect pregnant employees from discrimination and retaliation. Transparent reporting mechanisms, timely

investigations, and consistent enforcement reinforce trust and psychological safety (Federico, 2020). Training initiatives should explicitly connect these policies to both legal obligations and mental health outcomes, emphasizing that preventing discrimination is integral to employee well-being.

In conclusion, pregnancy discrimination represents not only a violation of employment law but a significant threat to psychological health. Meaningful progress requires an integrated approach that combines inclusive leadership, robust policy implementation, and comprehensive education on the PDA and ADA. By equipping leaders and employees with legal knowledge, fostering psychologically safe cultures, and normalizing pregnancy-related support, organizations can substantially reduce the emotional harms of pregnancy discrimination and create workplaces in which women are able to thrive professionally without compromising mental well-being.

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