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I am a women's health social worker at the Women's Health Center at Reading Hospital.

I have been employed in this position at Reading Hospital since April 2006. Previously I worked in child welfare at both Lancaster and Berks County Children & Youth Services and then at the Office of Children, Youth & Families in the policy unit.

I am a member of the perinatal and infant bereavement team and perinatal palliative care team at the hospital.

I co-chair a county cross-systems professional group that focuses on issues relating to pregnant and parenting women with substance use disorder. I was active in the submission to the Commonwealth for the initial application for the Opiate Use Disorder Center of Excellence for Reading Hospital and subsequently the receipt of a pregnant and postpartum support grant for women suffering from opioid and stimulant use issues.

I chair the Moving on Maternal Depression workgroup at Reading Hospital as part of the hospital's work with the Pennsylvania Perinatal Quality Collaborative.

I have worked for more than 15 years as a women's health social worker. The Women's Health Center (WHC) is the largest obstetric practice in Tower Health with 30% of all deliveries at Reading Hospital annually. WHC is where the OB/GYN residents receive their clinical office training. 70% of WHC patients receive Medicaid or Medicare.

During my 15 years at the Women's Health Center, I've seen a significant shift in the number of our patients who are employed with most of our patients now being employed. We previously had many women who were employed but uninsured. With the induction of the Affordable Care Act, the number of uninsured patients decreased significantly. The Cares Act has increased the number of working women eligible for Medicaid. We find that insured pregnant patients receive more comprehensive obstetric care than uninsured pregnant patients.

Acknowledging that employment and the ability to financially care for one's family plays a large role in a patient's ability to receive proper medical care, In 2013 I began to ensure that all FMLA and disability forms were processed in our office. This number has increased steadily since 2013 by hundreds of forms, only dipping slightly in 2020 due to the COVID pandemic. This indicates that more and more pregnant women are working.

Most regularly, our patients request accommodation recommendations as many have factory or physical type employment. Many work in patient care facilities. General recommended work limitations in pregnancy are few. Limit lifting to 50 lbs prior to 20 weeks gestation and then to 20 lbs for the remainder of the pregnancy. Bending and stooping to ten times an hour. Ladder climbing to three times a shift. Standing to 30 minutes each hour after 32 weeks gestation. Many of our providers add the ability to remain well hydrated and to use the bathroom to these recommended accommodations as many patients report that they are not allowed to take such breaks except at specified times. It is fairly regular for patients to explain that their employer has declined to provide such accommodations and placing the employee on leave. This creates another issue as the employer had placed the pregnant patient on leave but from a medical standpoint the woman is completely capable of working with some minor accommodations.

Another significant issue for pregnant women is being permitted time away from work to attend pregnancy related medical appointments. For a healthy low-risk pregnancy, a woman would have approximately 16 office visits. Additionally, she would have ultrasound appointments and need to have blood work completed. For a high risk pregnancy, add antenatal testing and additional ultrasound and office visits. Many of our patients must request intermittent leave in order to attend appointments; however, many state that they are scheduled to work at times when they have appointments or receive points for calling off from work for medical appointments. This requires many pregnant women to choose between a paycheck and appropriate prenatal care. We provide detailed information regarding each specific patient for the FMLA form; however, some employers will not accept this requiring specific dates. With the nature of pregnancy and the possibility that things change so quickly it is nearly impossible for any OB office to schedule all pregnancy related appointments at the beginning of a pregnancy.

A last issue that many of our patients express frustration over is that their human resource offices do not explain leave options or requirements well. Many practices vary among employers so the practice is not standardized. Just because the FMLA allows for up to 12 weeks of leave for bonding with a newborn or for a child placed for foster or adoption, does not mean that all employers actually provide this for their employees. Employers frequently request the completion of FMLA for employee's own health condition forms when the employee is requesting bonding leave. This is not permitted, yet many employers insist upon it. A physician can only state that the employee requires leave based on their medical condition which is six weeks for successful vaginal delivery and eight weeks for a cesarean delivery. Thus the additional four weeks are denied.