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Managing Pregnancy



Best Practices and Policies for Pregnant Dentists
and Pregnant Dental Team Members

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Managing Pregnancy



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Legal Disclaimer

The American Dental Association created *Managing Pregnancy: Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members* as a resource to help dentists in different practice models be aware of—and prepared for—many of the issues of concern for pregnant practitioners in different practice models and dentists who manage pregnant personnel. In making this resource available, the ADA does not, nor does it intend to, provide either legal or professional advice. None of the content in this module represents ADA's legal or professional advice as to any particular situation you might face or any decisions you may need to make. Such guidance is most appropriately provided by a properly qualified professional, such as an attorney and/or human resources consultant who is knowledgeable about all related topics, including any regulations that may be specific to your state or jurisdiction.

While some content within *The ADA Guidelines for Practice Success: Managing Pregnancy: Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members* may discuss certain federal and state laws in very general terms, it does not and cannot address every federal and state law, rule or regulation that could apply.

This resource refers to various federal statutes and regulations, including those adopted by agencies such as the Department of Labor (DOL); Center for Disease Control (CDC); the National Institute for Occupational Safety and Health (NIOSH); and Health and Human Services (HHS). None of the information in this module has been reviewed or approved by representatives of those or any other federal agencies.

Also, as this book was produced in late 2019, it's important to recognize that legislation and the medical community's standards of care continue to evolve. Therefore, while we believe this information will be a valuable tool to dentists at all stages of their careers and in all types of practice, we urge you to continue to pay attention as laws, rules, regulations and requirements may change at any time.

We have made every effort to make these materials useful and informative. As a consumer of this information, however, you must understand that laws vary between jurisdictions and that changes to those rulings may occur more frequently than this resource is updated. For that reason, we make no representations or warranties of any kind about the completeness, accuracy, or any other quality of these materials or any updates, and expressly disclaim all warranties, including without limitation all implied warranties (including any warranty as to merchantability and fitness for a particular use).

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We welcome your comments and suggestions regarding *Managing Pregnancy: Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members*.

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Introduction

Data from the American Dental Association's (ADA) Health Policy Institute (HPI) shows a continuing upward trend in the percentage of women attending dental school from 1.1 percent in 1968 to 49.6 percent in 2017–2018.

The ADA recognizes that this increase in the number of women entering the profession provides the Association with new opportunities to serve an important segment of the profession. In fact, the ADA's New Dentist Committee recently asked the Association to develop a specific resource to support pregnant dentists in different practice models. The New Dentist Committee and the other ADA agencies involved in this project—the Board of Trustees, the Council on Dental Practice, and the Council on Members Insurance and Retirement Programs—recognized that the individual's needs and concerns would vary depending on whether they were a:

- Pregnant dental practice owner
- Pregnant associate/employee dentist
- Dentist responsible for managing and coaching a staff that may include a pregnant woman or expectant parent

This book has been designed to meet the differing needs of each group. Content within this resource has been designed to address issues relating to both business operations and pregnancy health and wellness.

Pregnancy and the years that come after it should be a time of joyous celebration. This joyous and special time often begins with the realization that pregnancy, managing a family, and performing dentistry or working as part of the dental team can be a complicated balancing act that requires you to constantly reassess and shift priorities. Regrettably, no one can provide hard and fast answers for what decisions to make in any single situation.

The ADA Guidelines for Practice Success: Managing Pregnancy: Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members offers helpful information and resources on federal legislation relating to pregnancy and nursing as well as on many of the health-related concerns that can be worrisome to expectant parents.



The ADA recognizes that the increase in the number of women entering the profession provides the Association with new opportunities to serve an important segment of the profession.



Chapter 1. Business Operations

Planning for Pregnancy

Whether you are a practice owner or an employee/associate, you are responsible for managing your own health and the well-being of others, including patients and staff. You may also have additional responsibilities within your family, your community, and even organized dentistry.

From a business perspective, practice owners and managers are required to plan for a myriad of situations on multiple fronts, while employees/associates must focus on contributing to the growth and success of their employer's practice.

While a positive pregnancy test is definitely something to celebrate, you will need to make plans for managing multiple personal and professional matters during pregnancy and after delivery. Your physician will partner with you to develop and implement your birthing plan. Various resources are available to support you through the personal aspects of pregnancy and being a new parent. This resource from the American Dental Association (ADA) was developed to help you design a comprehensive plan that will see your business through your pregnancy and maternity leave.

The U.S. Department of Health and Human Services' Office on Women's Health website includes a number of pre- and post-pregnancy resources. Additional information, including the WHO Recommendations on Maternal Health, is available from the World Health Organization.

Resources

- **The U.S. Department of Health and Human Services' Office on Women's Health content on pregnancy**
www.womenshealth.gov/pregnancy
- **The World Health Organization's (WHO) Recommendations on Maternal Health**
www.who.int/maternal_child_adolescent/documents/maternal-health-recommendations/en/



This resource from the American Dental Association (ADA) was developed to help you design a comprehensive plan that will see your business through your pregnancy and maternity leave.

Managing Pregnancy

Practicing Dentistry While Pregnant

Pregnancy takes a different shape for everyone. While each person experiences pregnancy differently, these tips and suggestions are intended to make it easier for you to take care of yourself and your baby while simultaneously caring for your patients, your staff, and your practice.

Consult your physician if you have questions or if “something just doesn’t seem right.” You know your body best. There is no such thing as an inconsequential question; it is a good idea to write your questions down so you and your doctor can discuss all of them.

Share a copy of your job description with your physician. If you can, include a checklist that details the physical aspects involved in treating patients: sitting, reaching, leaning, holding small instruments and tools, etc. The impact of these demands may change as your pregnancy progresses.

Follow your physician’s advice and recommendations. If you have concerns about their suggestions, or if you are having difficulty following them, let your doctor know. Full disclosure is important for your health and safety and that of your baby.

Take good care of yourself; after all, that is one of the best things you can do for your baby. Follow your physician’s recommendations on:

- Eating a nutritious diet.
- Getting the prescribed amount of exercise and physical activity.
- Getting enough rest. You may find yourself more tired more often than you expected. Consider placing a sofa or chaise lounge in your private office or a discreet area of the practice so you can schedule a few rest breaks during the day.

Take care of your own oral health. While much of your time is spent managing the clinical and business aspect of the practice and taking care of those around you, some changes in the mouth—such as pregnancy gingivitis, benign oral gingival lesions, tooth mobility, tooth erosion, dental caries, and periodontitis—can occur during pregnancy and may affect both your health and that of your baby.

Pay attention to proper ergonomics, stretch throughout the day, and participate fully in any physical or occupational therapy that may be prescribed. Additional information is available later in the “Carpal Tunnel Syndrome, Ergonomic Issues, and Physical Therapy” section of Chapter 2.

Maintain good mental and emotional health. Be alert to any thoughts, behaviors, or feelings that might indicate depression. Commonly reported symptoms include worrying more than usual or experiencing unusual sadness or anxiety. Know that depression can begin at any time during pregnancy, not just postpartum. Seek help and recognize that there’s strength—not shame—in asking for support. Your obstetrician/gynecologist may be able to refer you to someone familiar with the pressures, worries, and concerns common among expectant mothers. Talking with someone early on may give you the chance to learn coping strategies that can help throughout your pregnancy.



Follow your physician’s advice and recommendations. If you have concerns about their suggestions, or if you are having difficulty following them, let your doctor know.



Maintain good mental and emotional health. Be alert to any thoughts, behaviors, or feelings that might indicate depression.

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Refer to the “Postpartum Blues vs. Postpartum Depression” section in Chapter 2 of this book for more information.

Recognize that you are not alone. Several federal agencies have helpful resources, including the National Institute of Mental Health’s *Depression in Women: 5 Things You Should Know* and the U.S. Department of Health and Human Services’ Office on Women’s Health’s information on depression. The Centers for Disease Control and Prevention (CDC) website also contains resources on maternal and infant health and depression among women, as well as links to non-government programs and agencies such as Moms’ Mental Health Matters: Depression and Anxiety around Pregnancy. The American College of Obstetricians and Gynecologists (ACOG) also offers resources, including an FAQ on postpartum depression.

Resources

- **The National Institute of Mental Health’s *Depression in Women: 5 Things You Should Know***
www.nimh.nih.gov/health/publications/depression-in-women/index.shtml
- **The U.S. Department of Health and Human Services’ Office on Women’s Health’s Information on Depression**
www.womenshealth.gov/mental-health/mental-health-conditions/depression
- **The Centers for Disease Control and Prevention’s (CDC) resources on maternal and infant health and depression among women**
www.cdc.gov/reproductivehealth/maternalinfanthealth/index.html
www.cdc.gov/reproductivehealth/depression/index.htm
- **Moms’ Mental Health Matters: Depression and Anxiety around Pregnancy**
www.nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/moms
- **The American College of Obstetricians and Gynecologists’ FAQ on Postpartum Depression:**
<https://www.acog.org/Patients/FAQs/Postpartum-Depression>



Recognize you
are not alone.

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Returning to Practice Post Pregnancy

Often one of the major decisions for any woman post-pregnancy is when to return to work and on what schedule. When contemplating your return to work from maternity leave, be sure to consider the following points:

- The welfare of the patient is paramount in the doctor–patient relationship.
- Your patients expect that the dentist will perform to the best of her ability.

As you make plans to return to practice, ensure that you carefully evaluate your ability to focus on the needs of the patient and perform to the highest degree of skill possible when the maternity leave ends. Additional guidance on this matter can be found in Section 2 of the ADA Principles of Ethics and Code of Professional Conduct, which discusses nonmaleficence, as well as Section 3, which covers beneficence.

As you seek to determine the right time for returning to work, you may want to consider the following steps:

- Self-assess.

You know yourself better than anyone else. Take stock of how you are feeling every week or so after delivery. How do you feel about going back to work? Are you anxious, fearful, or ready? Your answer is a clue as to whether or not you are ready to go back. Some women are comfortable going back to work, possibly on a reduced schedule, 4 to 6 weeks after delivery; others prefer to take more time, anywhere from 8 to 12 weeks.

Stay attuned to how you are feeling mentally and emotionally. It is not unusual to feel overwhelmed. Talk with your physician about any concerns and seek support if it might help you feel even a little better.

A few weeks before you return to work, consider hiring a night nurse to look after the baby so you can get some uninterrupted and restful sleep.

- Talk with your physician and follow his or her advice.

Bring a list of specific questions to your doctor’s appointment. Possible topics to cover may include:

- The physical demands of dentistry (a copy of your job description would be helpful)
- Suggestions for balancing the many demands on your time and energy
- Ideas for integrating treating patients
- Managing the practice with motherhood, if this applies to your job
- If you are nursing, be sure to ask if your physician has tips on how to make the transition from nursing to pumping easier. Refer to the section “Breastfeeding and Pumping” in Chapter 2 for more information.
- Be sure to seek support—and help—if your baby has special health needs. The World Health Organization’s (WHO) publication *Survive and Thrive*:



As you make plans to return to practice, ensure that you carefully evaluate your ability to focus on the needs of the patient and perform to the highest degree of skill possible when the maternity leave ends.



A few weeks before you return to work, consider hiring a night nurse to look after the baby so you can get some uninterrupted and restful sleep.

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Transforming Care for Every Small and Sick Newborn offers valuable information to assist parents of infants with health issues.

Special Considerations for Pregnant Dentists Who Are Practice Owners and Managers

As the owner of the practice, you have a little more latitude in deciding the length of your leave, although you also have more responsibilities since your patients and staff have been patiently waiting for your return.

Find out what resources may already be available in your community. If the resources you need do not exist, work within your network of friends and colleagues to see if it is possible to get support systems in place.

- Dental offices facing temporary staffing shortages in various situations, such as maternity/parental leave, sometimes hire locum tenens dentists to fill those gaps. Locum tenens dentists can support a practice for almost any time period, ranging from just a few days to months and sometimes even years.
- Check with your state and local dental associations to see if they have a list of locum tenens dentists in your area. Contact information for state and local dental associations is available from the American Dental Association.
- If you decide to retain another doctor to treat patients in your absence, such as through a locum tenens agreement, consult your certified public accountant (CPA) to ensure that the dentist is properly classified as an employee and that you are in compliance with any federal and state rules regarding worker classification.
- Other options include forming a co-op among other dentists who are also new parents, taking turns staffing each other's practices to support better work-life balance, or establishing a mutual aid agreement.
- Mutual aid agreements in dentistry are arrangements among dentists who agree to temporarily cover a colleague's office and patients until the dentist returns to the practice or, if the dentist is unable to return to practice, until the practice can be sold. See the *Guidelines for The Development of Mutual Aid Agreements in Dentistry*, a comprehensive resource developed by the ADA's Council on Dental Practice, for tips on how to set one up and details on the protections and responsibilities involved in a mutual aid agreement.
- It is important to know that in order for patients to be fully engaged in and informed about treatment, dentists have an ethical obligation to inform them of changes such as the dentist being away on maternity leave, the temporary closing of the practice, or the decision to implement a mutual aid arrangement and/or involve a locum tenens dentist in the practice. Guidance on matters relating to Patient Autonomy is available in Section 1 of the ADA Principles of Ethics and Code of Professional Conduct.

Decide how to notify patients that you are returning to the practice. Some states have no legal requirements mandating that you notify patients that you will be on leave. Make sure you know the laws in your state. Recognize that some patients, especially those on a six-month recall schedule, may not even know that you were on leave.



Find out what resources may already be available in your community. If the resources you need do not exist, work within your network of friends and colleagues to see if it is possible to get support systems in place.

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Special Considerations for Pregnant Dentists Who Are Associates/Employee Dentists

Balancing the obligations you feel toward your family, patients, and employer can be difficult. As an associate/employee dentist, you may have limited latitude regarding when to return to work. You may also struggle with the decision after hearing stories about dentists who return to work full time within a few weeks of giving birth after delivery, others who opt for a part-time schedule, and those who are able to delay their return for months or even years.

Review your employment contract/agreement to determine whether it contains any stipulations regarding returning to work after medical leave.

Also find out whether there are penalties or requirements for exiting the agreement and whether or not you are able to accept the consequences of delaying your return.

Resources

From the American Dental Association:

- **ADA Principles of Ethics and Code of Professional Conduct, Sections 1–3**
www.ADA.org/en/about-the-ADA/principles-of-ethics-code-of-professional-conduct
- **Contact information for National, State and Local Dental Societies**
<https://ebusiness.ADA.org/mystate.aspx>
- **The Council on Dental Practice's Guidelines for The Development of Mutual Aid Agreements in Dentistry**
www.ADA.org/~ /media/ADA/Member%20Center/Files/dentalpractice_mutualaid.ashx

From the World Health Organization:

- **Survive and Thrive: Transforming Care for Every Small and Sick Newborn**
www.who.int/maternal_child_adolescent/documents/care-small-sick-newborns-survive-thrive/en/



Review your employment contract/agreement to determine whether it contains any stipulations regarding returning to work after medical leave.



Chapter 2. Pregnancy Health and Wellness

Carpal Tunnel Syndrome, Ergonomic Issues, and Physical Therapy

Practicing dentistry often involves being in certain postures and performing repetitive hand motions for long periods of time. Those stressors can lead to discomfort, pain, and musculoskeletal issues; in fact, a review of literature on the topic indicates that 64 to 93 percent of dentists report general musculoskeletal pain.^{1,2}

Pregnancy changes the body's biomechanics, including the amount of pressure on the spine, the ability to sit for long periods of time, the ease of reaching toward or over a patient, and even the ability to hold instruments and tools.

Carpal Tunnel Syndrome (CTS)

According to the National Institutes of Health, carpal tunnel syndrome (CTS) occurs when the median nerve, the nerve that runs from the forearm to the palm, gets compressed at the wrist.

The median nerve controls sensation to the palm-side of the thumb, index finger, middle finger, and half of the ring finger. It also provides the strength and ability to move certain muscles of the thumb and fingers.

CTS may occur because of increased pressure of the carpal tunnel due to irritation, inflammation, or increased fluid in the area compressing the median nerve. CTS can be diagnosed through a clinical assessment or with advanced diagnostic tests, such as:

- Electrodiagnostic testing, which involves a nerve conduction study to measure electrical activity of the nerves and muscles by assessing the nerve's ability to send a signal along the nerve or to the muscle.
- Ultrasound imaging, which can show abnormal size of the median nerve.
- Magnetic resonance imaging (MRI), which shows the anatomy of the wrist, but this option has not been especially useful in diagnosing CTS.

The Carpal Tunnel Syndrome Fact Sheet published by the National Institutes of Health's National Institute of Neurological Disorders and Stroke (NINDS), provides extensive information about CTS and its causes and treatment. The repeated use of vibrating hand tools by dentists may present a particular risk for developing CTS.

¹ <https://pdfs.semanticscholar.org/8900/1e66bd871847f6f35ae40b36b9cb464ef0d9.pdf>

² <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1601-5037.2009.00395.x>



Pregnancy changes the body's biomechanics, including the amount of pressure on the spine, the ability to sit for long periods of time, the ease of reaching toward or over a patient, and even the ability to hold instruments and tools.

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CTS develops slowly in most cases and can be brought on or exacerbated by pregnancy because of:

- Increased fluids
- Changes in posture caused by pregnancy
- Hormonal fluctuations

Some pregnant women may be predisposed to CTS because of:

- Fluid accumulation with tendency to edemas
- Nerve hypersensitivity
- Glucose level fluctuations

Common symptoms of CTS include:

- Paresthesia, or a tingling sensation, in the palmar surface of the hand, in the thumb and first three fingers
- Numbness
- Pain in the median nerve distribution
- Weakness

While most women experience symptomatic improvement following childbirth or breastfeeding, some women may continue to experience symptoms for up to three years.

Early diagnosis and treatment of CTS are important to avoid permanent damage to the median nerve and atrophy of certain muscles in the hand. Mild acute cases of CTS that appear to be improving may not require treatment. In cases when symptoms progress, CTS can reduce dexterity and decrease grip strength making it difficult to perform even the smallest chairside motions, such as gripping a scaler or a mirror handle.

Possible treatments for CTS include surgery, as well as nonsurgical options, such as:

- Splinting
- Activity modification
- Physical or occupational therapy
- Prescription or over-the-counter medications
- Steroid injections in the carpal tunnel
- Alternative treatments, such as yoga, acupuncture, or chiropractic care



While most women experience symptomatic improvement following childbirth or breastfeeding, some women may continue to experience symptoms for up to three years.

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Steps that may reduce the chance of a dentist developing carpal tunnel syndrome include:

- Avoiding prolonged static hand positions
- Avoiding repetitive hand/wrist motion
- Maintaining proper ergonomics/mechanics
- Modifying patient position to improve one's own body mechanics
- Maintaining neutral wrist posture
- Drinking plenty of water

Consult a physical or occupational therapist regarding ergonomics. Some licensed therapists can perform a job site assessment to provide feedback regarding ergonomics and safety. Participate in therapy and discuss work demands and/or typical movements performed to learn proper body mechanics.

Resources

- **The Carpal Tunnel Syndrome Fact Sheet**
www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Carpal-Tunnel-Syndrome-Fact-Sheet

Ergonomics and Stretching

Determine if patients can be positioned in a way that keeps them comfortable while lessening any discomfort you may experience.

Do not maintain a static position for too long. Alternate between sitting and standing with good posture. Avoid slumping or slouching. Take short walk breaks between patients.

Stretch throughout the day. The American Dental Association (ADA) offers a series of brief videos that detail how to perform different stretches. Check with your doctor to confirm they are safe for you during your pregnancy. All can be performed in the practice and may offer some relief from muscle tightness. Areas covered include:

- Neck pain
- Neck shoulder stretches
- Back stretches
- Back pain
- Arm pain and stretches
- Hand pain and stretches
- Leg and foot pain



Do not maintain a static position for too long. Alternate between sitting and standing with good posture. Avoid slumping or slouching. Take short walk breaks between patients.

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Be sure to consult your physician about the benefits and potential risks of including physical therapy in your prenatal care plan to make sure it is safe for your pregnancy. Know that it is possible that exercise modifications may need to be made based on the size of the gravid uterus or trimester and month of pregnancy. Avoid overstretching during pregnancy due to the increased laxity of ligaments that can lead to overstretching injury.

Musculoskeletal issues are common during pregnancy but are not a normal part of pregnancy. Pregnant women who are experiencing musculoskeletal pain should consult their physicians to determine appropriateness of participating in physical therapy.

Physical therapy may help alleviate musculoskeletal pain and improve body mechanics and posture. Common areas of pain treated by a certified physical therapist during pregnancy include neck, shoulders, back, elbows and wrists, pelvis and hips, knees, and ankles. The following are helpful assistive devices used during pregnancy to reduce pain and provide support (consult your physical therapist or physician to determine appropriateness):

- Pregnancy/sacroiliac (SI) belts for back, pelvis, or hip pain
- Compression socks for ankle swelling
- Brace for wrist or elbow pain or carpal tunnel syndrome
- Anti-fatigue mat for prolonged standing
- Step stool to improve seated posture if legs dangle off floor while sitting

Special Considerations for Employers

The physical demands of many clinical positions can sometimes cause ergonomic issues for pregnant employees as a result of changes in biomechanics, forces on the spine, and even the ability to reach. Your pregnant employee may need some accommodations, such as:

- Using an adjustable dental chair in order to optimize patient position for the employee.
- Using a step stool to improve seated posture and prevent lower extremities from dangling while sitting.
- Providing adjustable, more supportive chairs for employees.
- Using chairs that are designed to go underneath the patient table so the employee can reach the oral cavity with less discomfort.
- Rearranging the dental room by moving equipment and tools close to the floor to higher surfaces to decrease repetitive bending and stooping.
- Taking more frequent rest breaks.
- Elevating the legs whenever possible to reduce swelling.
- Using assistive devices, such as a pregnancy belt, compression socks, and anti-fatigue mats, for extra support.



Pregnant women who are experiencing musculoskeletal pain should consult their physicians to determine appropriateness of participating in physical therapy.

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Consulting a qualified attorney or human resources professional can assure that your human resources policies comply with all relevant regulations and are nondiscriminatory.

Resources

- **7 Ergo Tips to Help You Stay Healthy Videos**
<https://success.ADA.org/en/wellness/7-tips-to-reduce-work-related-pain>

Physical Therapy

Some pregnant women experience back pain during pregnancy and although the reasons for back pain can vary significantly from person to person, some of the causes for back pain during pregnancy include:

- An increase in hormones
- A change in the body's center of gravity
- Weight gain
- Changes in posture
- Added stress

Pregnancy, and even delivery, may be easier for women in physical therapy and who incorporate prescribed exercise routines at home as it may help alleviate some of the musculoskeletal stresses that can occur. Be sure to consult your physician about the benefits and potential risks of including physical therapy in your prenatal care plan. Pregnant women should consult their physician before starting any new program to make sure it is safe for their pregnancy. Exercise modifications may need to be made based on the size of the gravid uterus or trimester and month of pregnancy. Avoid overstretching during pregnancy due to the increased laxity of ligaments that can lead to overstretching injury.

Your physician will likely refer you to a certified physical therapy professional who has experience working with pregnant patients. The prescribed program of care will be specific to your issues and needs. The following may be included in your program:

- Building strength
- Improving mobility, posture, and body mechanics
- Providing education on activity modification and home exercise programs

A physical therapist will be able to identify deficits and provide a program that will target those areas to decrease risk of future injury. Additional information about the benefits of pregnancy and physical therapy is available from the American Pregnancy Association.

Resources

- **Pregnancy and Physical Therapy resources from the American Pregnancy Association**
<https://americanpregnancy.org/pregnancy-health/pregnancy-and-physical-therapy>



Pregnancy, and even delivery, may be easier for women in physical therapy and who incorporate prescribed exercise routines at home as it may help alleviate some of the musculoskeletal stresses that can occur.

Managing Pregnancy

Radiation Safety

Since patients occasionally express concern regarding exposure to radiation through dental x-rays, you are likely already well-informed about the benefits, risks, and recommended precautions for minimizing potential exposure.

American Dental Association (ADA) policies and recommendations are designed to help dentists ensure that patients' radiation exposure is as low as reasonably achievable (ALARA) and in compliance with as low as diagnostically acceptable (ALADA). Principles of good radiation hygiene, a few of which are detailed as follows, also offer guidance for protecting pregnant individuals whose job duties may involve direct exposure to radiation.

Under the ALARA principle, dentists are encouraged to take precautions to help ensure that:

- All x-ray exposures are justified in relation to their benefits.
- Necessary exposures are kept as low as reasonably achievable (that is, ALARA).
- The doses received by patients and personnel are kept well below the allowable limits.

The ADA encourages dentists to:

- Be aware of their state's laws and regulations that set specific requirements for the use of ionizing radiation (which includes x-rays).
- Minimize radiation exposure by using the appropriate protective shield.
- Use the fastest image receptor compatible with the diagnostic task (F-speed film or digital).

If you need to take patient radiographs, it is recommended that you:

- Use a personal dosimetry badge to track your exposure to radiation.
- Use barrier protection whenever possible when operating radiographic equipment.
 - If shielding is not possible, stand at least two meters (6.5 feet) from the tube head and out of the path of the primary beam.
- Determine whether your state's regulatory radiation protection program has additional requirements.
 - Consult the map of all State Radiation Control Programs in the United States, maintained by the Conference of Radiation Control Program Directors, Inc. (CRCPD), for specifics regarding your state's regulations.

Additional guidance is available in the Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure, a resource developed by the ADA Council on Scientific Affairs in collaboration with the U.S. Food and Drug Administration (FDA).



American Dental Association (ADA) policies and recommendations are designed to help dentists ensure that patients' radiation exposure is as low as reasonably achievable (ALARA) and in compliance with as low as diagnostically acceptable (ALADA).

Managing Pregnancy

An additional resource available from the National Institute for Occupational Safety and Health (NIOSH) is the agency's article on Reproductive Health and the Workplace: Radiation–Ionizing.

Special Considerations for Pregnant Dentists Who Are Associates/Employee Dentists

Consult your employer's employee handbook or policy manual to determine what policies relate to you as a pregnant employee and regarding issues like radiation safety. Talk to your manager, your human resources representative, or the practice's office manager/administrator if you have questions about any relevant policies or want to request accommodations or protective equipment. Be aware that you may be asked to provide a statement from your physician regarding any request.

Special Considerations for Employers

Special considerations should be given to pregnant dental personnel whose job duties may involve direct exposure to radiation. Make sure each written job description details whether the position requires the employee to work with or around any potentially dangerous substances. All employees should be aware of any potential dangers of toxins in the workplace and advised that they, in consultation with their physician, should determine whether the potential risks of exposure requires some type of accommodation or whether they should continue to work.

Pregnant employees may be concerned about the potential impact of exposure to radiation on the baby. While they are likely already aware of the recommended precautions for minimizing potential exposure, it is a good idea to be prepared in case additional questions are raised or accommodations are recommended by a physician.

Finally, make sure your employee handbook includes a comprehensive policy that addresses radiation safety. If not, now would be a good time to create one. Consider consulting a qualified human resources professional and an attorney who specializes in workforce issues to ensure that you are in compliance with all of the federal, state, and local regulations that may apply.

Resources

- ***The ADA Practical Guide to Creating and Updating an Employee Policy Manual* contains sample policies for pregnancy-related issues.**
www.ADAcatalog.org
- **The Conference of Radiation Control Program Directors, Inc. (CRCPD) map of all State Radiation Control Programs in the United States**
www.crcpd.org/BlankCustom.asp?page=Map



Talk to your manager, your human resources representative, or the practice's office manager/administrator if you have questions about any relevant policies or want to request accommodations or protective equipment.



Make sure your employee handbook includes a comprehensive policy that addresses radiation safety. If not, now would be a good time to create one.

Managing Pregnancy

- **The ADA Council on Scientific Affairs' Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (PDF)**
www.ADA.org/~ /media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx
- **The National Institute for Occupational Safety and Health's (NIOSH) Reproductive Health and the Workplace: Radiation—Ionizing**
www.cdc.gov/niosh/topics/repro/ionizingradiation.html

Nitrous Oxide

Many dental practices use nitrous oxide to help manage patient anxiety and discomfort during a variety of procedures. While nitrous oxide can be beneficial in the delivery of treatment, pregnant women should avoid exposure due to the possibility that it can harm the developing fetus.

One best practice for protecting you and your baby is educating yourself about the potential risks of exposure to nitrous oxide and taking steps to mitigate them. A few valuable resources include:

- The National Institute for Occupational Safety and Health's (NIOSH) Control of Nitrous Oxide in Dental Operatories publication. According to that resource:
 - The recommended exposure limit for nitrous oxide concentrations in the dental setting during analgesia administration is 25 ppm.
 - Recommended methods for controlling exposure include:
 1. System maintenance to include the proper inspection, maintenance, and immediate repair of any leaks.
 2. Ventilation, to include the use of:
 - a. Scavenging systems to direct gas from the patient's mask to the outdoors. Do not allow gas from the patient's mask to flow into the room's ventilation system.
 - b. Room ventilation that uses clean outdoor air for dental operatory ventilation whenever possible. Maintain sufficient space between the supply and exhaust vents to allow for good mixing.
 - c. Auxiliary exhaust ventilation that captures excess nitrous oxide by placing a local exhaust hood near the patient's mouth.
 3. Work practices to include:
 - a. Using scavenging masks that fit patients properly.
 - b. Sedating patients prudently.
 - c. Monitoring air concentration of nitrous oxide to ensure the system control of exposure is effective.



While nitrous oxide can be beneficial in the delivery of treatment, pregnant women should avoid exposure due to the possibility that it can harm the developing fetus.



One best practice for protecting you and your baby is educating yourself about the potential risks of exposure to nitrous oxide and taking steps to mitigate them.

Managing Pregnancy

- The publication also includes a NIOSH Technical Data Sheet that provides specific steps for controlling the release of nitrous oxide in the practice and tips for conducting periodic air sampling.
- Nitrous oxide information and resources available through the American Dental Association's (ADA) Science Institute. While not specific to concerns associated with pregnancy, these excerpted best practices recommended by the ADA Council on Scientific Affairs can keep nitrous oxide levels safe:
 - Equipping every nitrous oxide delivery system with a scavenging system.
 - Venting vacuum and ventilation exhaust fumes outside.
 - Testing pressure connections for leaks every day when the nitrous system is first turned on and each time a gas cylinder is changed.
 - Inspecting all system components before the first use of the day.
 - Ensuring the correct flow rate after the system has passed daily inspection.
 - Properly fitting each mask to each patient.
 - Encouraging patients to breathe through the nose and limit talking while nitrous oxide is in use.
 - Monitoring administration to watch for changes in the tidal volume of the reservoir bag and watching the vacuum pump flow rate.
 - Delivering 100 percent oxygen to the patient for five minutes after the procedure is over and before removing the mask.
 - Monitoring or assessing employees, especially those who work with the nitrous oxide delivery system, regularly by using either wearable personal badges or by placing an infrared spectrophotometer in the room.

An additional resource available from the National Institute for Occupational Safety and Health's (NIOSH) is the agency's article on anesthetic gases.

Special Considerations for Pregnant Dentists Who Are Associates/Employee Dentists

Consult your employer's employee handbook or policy manual to determine what policies relate to you as a pregnant employee and regarding issues like the use of nitrous oxide. Talk to your manager, your human resources representative, or the practice's office manager/administrator if you have questions about any relevant policies or wish to request accommodations or protective equipment. Be aware that you may be asked to provide a statement from your physician regarding any request.



Consider working with a qualified human resources professional and an attorney who specializes in workforce issues to ensure that you are in compliance with all of the federal, state, and local regulations that may apply.

Managing Pregnancy

Special Considerations for Employers

Certain professions, including dentistry, require the use of specific materials, technologies, or chemicals that may be of concern to the pregnant employee. Your practice's staff policy manual or handbook should include information about potential hazards in the dental practice.

Special considerations should be given to pregnant dental personnel whose job duties may involve direct exposure to nitrous oxide. Make sure each written job description details whether the position requires the employee to work with or around any potentially dangerous substances. All employees should be aware of any potential dangers of toxins in the workplace and advised that they, in consultation with their physician, should determine whether the potential risks of exposure requires some type of accommodation or whether they should continue to work.

Finally, make sure your employee handbook includes a comprehensive policy that addresses exposure to nitrous oxide. If not, now would be a good time to create one.

Consider consulting a qualified human resources professional and an attorney who specializes in workforce issues to ensure that you are in compliance with all of the federal, state, and local regulations that may apply.

Resources

- **The National Institute for Occupational Safety and Health's (NIOSH) Control of Nitrous Oxide in Dental Operatories**
www.cdc.gov/niosh/docs/hazardcontrol/hc3.html
- **Nitrous oxide information and resources available through the American Dental Association's (ADA) Science Institute**
www.ADA.org/en/member-center/oral-health-topics/nitrous-oxide
- **The National Institute for Occupational Safety and Health's (NIOSH) article on anesthetic gases**
www.cdc.gov/niosh/topics/repro/anestheticgases.html



Make sure each written job description details whether the position requires the employee to work with or around any potentially dangerous substances.

Managing Pregnancy

Managing Stress through Mindfulness

Dentists in all practice models deal with stress and anxiety every day. The issues that might weigh on the mind of any dentist who owns and manages a practice (or practices!) can be even greater—patients depend on you to provide quality care and your staff depends on you to foster a collaborative culture and a welcoming work environment. Similarly, associates/employee dentists have multiple issues to consider, including their obligations to their patients and employer. Add pregnancy to the mix and there is no shortage to the whirlwind of thoughts that might occupy your mind at all hours of the day and night.

Many people find that practicing mindfulness, a type of intentional awareness, can reduce mental and emotional stress levels. The American Dental Association (ADA) has recently partnered with an external content authority on the topic to provide a series of brief videos on mindfulness to help members and their employees manage stress. Covered topics include:

- What Is Mindfulness?
- Your Brain Can Work against You
- Are We Capable of Change?
- Be Kind to Yourself
- Managing Fear
- The Science behind Stress
- Mindful Movement Exercises

Be sure to consult your physician about the benefits and potential risks that might be associated with beginning any new program or regimen, including those in this series. Pregnant women should consult their physician before starting any new program to make sure it is safe for their pregnancy. Exercise modifications may need to be made based on the size of the gravid uterus or trimester and month of pregnancy. Avoid overstretching during pregnancy due to the increased laxity of ligaments that can lead to overstretching injury.

Resource

- **Mindfulness videos available from the American Dental Association (ADA)**
<https://success.ADA.org/en/wellness/mindfulness-techniques-may-help-you-reduce-stress-videos>



Many people find that practicing mindfulness, a type of intentional awareness, can reduce mental and emotional stress levels.



Exercise modifications may need to be made based on the size of the gravid uterus or trimester and month of pregnancy.

Managing Pregnancy

Postpartum Blues vs. Postpartum Depression

Pregnancy and having a new baby can cause you to experience a broad range of emotions. It is common for women to feel overwhelmed, sad, or anxious at different times during their pregnancy and even after the baby is born. For many women, these feelings resolve on their own. But for others, these emotions are more serious and may present for some time.

These feelings are not caused by something you did or did not do. In fact, depression and anxiety that happen during the first year after the birth of your baby are considered medical conditions and can be treated if you seek help.

The information detailed here should not be considered medical advice; it is an opportunity to let mothers experiencing these unfamiliar emotions know that they are not alone and that help and support are available.

Postpartum Blues

Women with postpartum blues typically experience unusual feelings and exhibit uncharacteristic behaviors within two to three days after childbirth. Common signs of postpartum blues include:

- Feeling depressed and/or anxious
- Being upset easily
- Feeling angry with the new baby, other children, or your partner
- Crying for no clear reason
- Having trouble sleeping, eating, and making choices
- Questioning whether you can handle caring for a baby

Postpartum blues may come and go in the first few days after childbirth and usually improve within a few days or within one to two weeks without treatment.

Postpartum Depression

Women with postpartum depression experience intense feelings of sadness, anxiety, or despair that prevent them from being able to do daily tasks. Postpartum depression usually begins about one to three weeks after childbirth but can occur up to one year after delivery.

Left untreated, postpartum depression can last for months or even years. In addition to affecting the mother's health, it can interfere with her ability to connect with and care for her baby and may cause the baby to develop problems with sleeping, eating, and behavior as they grow.

Common factors relating to postpartum depression include:

- **Hormonal changes.** Depression can be triggered as levels of estrogen and progesterone decrease sharply in the hours after childbirth.



Depression and anxiety that happen during the first year after the birth of your baby are considered medical conditions and can be treated if you seek help.



Postpartum depression usually begins about one to three weeks after childbirth but can occur up to one year after delivery.

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- **Having a history of depression.** Women who have had depression at any time—before, during, or after pregnancy—or who currently are being treated for depression are at increased risk of developing postpartum depression.
- **Emotional factors.** Feelings of doubt about pregnancy are common and it can take a long time to adjust to the reality of having a new baby. Parents of babies who are sick or who need to stay in the hospital longer than expected may feel sad, angry, or guilty. These emotions can affect a woman's self-esteem and how she deals with stress.
- **Fatigue.** Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength and energy. Women who have had babies by cesarean birth may need even more time to regain their strength and energy.
- **Lifestyle factors.** Lack of support from others and stressful life events can greatly increase the risk of postpartum depression.

Common symptoms of postpartum depression include:

- Feeling sad, hopeless, or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable, or restless
- Oversleeping, or being unable to sleep even when baby is asleep
- Having trouble concentrating, remembering details, and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems, and muscle pain
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with your baby
- Persistently doubting your ability to care for your baby
- Thinking about harming yourself or your baby

Any new mother who experiences these symptoms should see a healthcare provider right away to find out whether she has postpartum depression and, if so, receive appropriate treatment. Keep in mind that because symptoms relating to postpartum depression are broad and can be different for every woman, only a qualified healthcare professional can diagnose whether a woman is experiencing postpartum depression or something else.



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Managing Pregnancy

For women diagnosed with postpartum depression, know that help and support are available. Possible treatment options may include:

- **Counseling/Talk Therapy**

This treatment involves talking one-on-one with a mental health professional (a counselor, therapist, psychologist, psychiatrist, or social worker). Two types of counseling often used to treat postpartum depression are:

- *Cognitive Behavioral Therapy (CBT)*, which helps people recognize and change their negative thoughts and behaviors
- *Interpersonal therapy (IPT)*, which helps people understand and work through problematic personal relationships.

- **Medication**

Antidepressant medications act on the brain chemicals involved in mood regulation. Many antidepressants take a few weeks to be most effective. While these medications are generally considered safe to use during breastfeeding, a woman should talk to her healthcare provider about the risks and benefits to both herself and her baby.

Among the many helpful resources available through the National Institutes of Health's National Child and Maternal Health Education Program are the Action Plan for Depression and Anxiety Around Pregnancy; A Fact Sheet from the Office on Women's Health: Postpartum Depression; and the National Institute of Mental Health's Postpartum Depression Facts. The American College of Obstetricians and Gynecologists (ACOG) also offers resources, including an FAQ on Postpartum Depression.

Resources

From the National Institutes of Health's National Child and Maternal Health Education Program:

- **Action Plan for Depression and Anxiety During Pregnancy and After Birth**
www.nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/moms/action-plan
- **Action Plan for Depression and Anxiety Around Pregnancy (PDF)**
www.nichd.nih.gov/sites/default/files/inline-files/ActionPlan_DepressionAnxiety.pdf

From the Department of Health and Human Services' National Institutes of Health's National Child and Maternal Health Education Program:

- **A Fact Sheet from the Office on Women's Health: Postpartum Depression**
www.womenshealth.gov/files/documents/fact-sheet-postpartum-depression.pdf

From the National Institute of Mental Health:

- **Postpartum Depression Facts**
www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml

From the American College of Obstetricians and Gynecologists:

- **FAQ on Postpartum Depression**
www.acog.org/Patients/FAQs/Postpartum-Depression



For women diagnosed with postpartum depression, know that help and support are available.

Managing Pregnancy

Breastfeeding and Pumping

According to the Centers for Disease Control and Prevention (CDC), more than 83 percent of the infants born in the United States in 2015 were breastfed; nearly 58 percent were still breastfeeding at 6 months and nearly 36 percent were breastfeeding at 12 months.³

Breastfeeding

Ideally, you and your physician discussed the value of breastfeeding your baby early on in your pregnancy as part of your regular prenatal care.

While many advocate for exclusive breastfeeding during the child's first six months, the decision to breastfeed is a personal one and your healthcare provider should support whatever decision you make. That decision does not have to be an all-or-nothing proposition—some women breastfeed exclusively, others not at all, and some manage a mixed feeding schedule that includes both breastfeeding and using either pumped breast milk or formula. It is also up to you to decide how long to breastfeed: a few months, a year, or longer. The right length of time is the time that works best for you. A good rule of thumb is to include your spouse or partner in the breastfeeding discussions you have with your physician. This ensures everyone has the same information and may provide you with an additional source of support, regardless of what decision you make. It also gives your partner the opportunity to ask questions of someone who is an authority on the topic without worrying about being seen as advocating for one decision more than another.

Talk candidly with your physician about any questions relating to nursing that you might have. Confirm with your physician that any medications you take and any scheduled vaccinations are safe during breastfeeding. Be honest about any difficulties you might experience breastfeeding. Your physician may recommend screening, treatment, or referral to a certified lactation consultant who can support you. Consider pasteurized donor human breast milk as an alternative if you are unable to breastfeed. Your doctor or certified lactation consultant may be able to advise you.

Once you return to work, plan your day to accommodate your breastfeeding or nursing schedule. Consider incorporating pumping into your daily schedule a few weeks before you return to practice.

The benefits to this are two-fold—not only does it give you time to practice pumping, it also gives your child time to get used to and accept being bottle fed. Stay hydrated and eat nutritious snacks throughout the day since breastfeeding and pumping lowers blood sugar.

Consider scheduling 15- to 30-minute time blocks throughout the day to accommodate nursing or pumping; this can be very helpful, especially in the first few months. Many women find that nursing can be less predictable than pumping and therefore can take more time.

³ www.cdc.gov/breastfeeding/data/reportcard.htm



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Once you return to work, plan your day to accommodate your breastfeeding or nursing schedule. Consider incorporating pumping into your daily schedule a few weeks before you return to practice.

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Pumping

It is common for most first-time mothers to need to pump every two to three hours. Try to pump at the same times or as often as your baby normally breastfeeds; this can help your body continue to produce the amount of milk your baby needs. There is a wide range of technologies to support mothers who pump—today’s devices allow you to wear a breast pump under your clothes so you can pump hands-free, discreetly, and in a way that allows you to continue to do other things. Many of the options currently available are so quiet and discreet that even those around you will not realize that you are expressing milk for baby’s future feedings. A qualified lactation consultant may be able to provide tips to help make pumping work for you.

Continue to follow routine universal precautions. Have a small sink available so you can wash your hands before and after pumping. Consider putting a sofa or chaise lounge in your office so you are comfortable while you pump. Store expressed milk in a small refrigerator in the practice to keep it cold. While it may not be necessary to change nursing pads every time there is aerosolized exposure, you may want to do so from a comfort standpoint. The Centers for Disease Control and Prevention (CDC) offers information and resources, including for pumping breast milk. An additional resource available from the National Institute for Occupational Safety and Health (NIOSH) is the agency’s article on Reproductive Health and the Workplace: What You Should Know about Breastfeeding and Your Job.

The World Health Organization (WHO) also has a variety of supportive resources on breastfeeding and maternal, infant, and child health including Health Topics: Breastfeeding; Breastfeeding; 10 Facts on Breastfeeding; Early Childhood Development Begins with a Mother’s Breast; WHO Recommendations on Newborn Health; Infant and Young Child Feeding; and WHO Recommendations on Child Health.

Special Considerations for Pregnant Dentists Who Are Associates/Dentist Employees

The U.S. Department of Labor’s Wages and the Fair Labor Standards Act (FLSA) establishes provisions regarding employers’ obligations to allow for employees to express breast milk as needed for a nursing child for up to one year after the child’s birth. The Act:

- Requires employers to provide an appropriate place for employees to express milk in a location that is not a bathroom, is shielded from view, and is free from intrusion from coworkers and the public.
- Does not require employers to compensate employees for breaks taken in order to express milk unless they provide compensated breaks for other purposes to employees.

Some states also have provisions governing breastfeeding; those regulations may differ from and be more stringent than federal rules.

More information about breastfeeding and nursing is available from the U.S. Department of Labor’s Women’s Bureau’s Employment Protections for Workers Who Are Pregnant or Nursing and the National Conference of State Legislatures’ Breastfeeding State Laws.



Many of the options currently available are so quiet and discreet that even those around you will not realize that you are expressing milk for baby’s future feedings.



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Managing Pregnancy

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- Does not require employers to compensate employees for breaks taken in order to express milk unless they provide compensated breaks for other purposes to employees.

Some states also have provisions governing breastfeeding; those regulations may differ from and be more stringent than federal rules.

Your employee and her physician will likely work together to develop some type of plan regarding breastfeeding the baby. Your role as the employer is to support that plan and ensure the appropriate workplace accommodations and arrangements to allow the nursing mother to care for her baby.

A few things to keep in mind include:

- Decisions regarding whether or not to breastfeed, and for how long, are personal.
- Nursing mothers may need to structure their work day to accommodate the breastfeeding or nursing schedule. Be receptive to the idea of the nursing mother scheduling 15- to 30-minute time blocks throughout the day to accommodate nursing or pumping. Recognize that it is common for first-time mothers to need to pump every two to three hours.
- Allowing staff to intentionally block the schedule to allow for pumping or nursing, especially in the first few months, can be very helpful. Most physicians recommend that nursing mothers try to pump at the same times or as often as the baby normally breastfeeds.
- While the employee's physician should provide her with access to resources on breastfeeding and pumping, the resources section in this chapter offers additional guidance for employers.

Resources

From the U.S. Department of Labor's Wages and the Fair Labor Standards Act (FLSA):

- **Section 7(r) of the Fair Labor Standards Act—Break Time for Nursing Mothers Provision**
www.dol.gov/agencies/whd/nursing-mothers/law
- **Fact Sheet #73: Break Time for Nursing Mothers under the FLSA**
www.dol.gov/agencies/whd/fact-sheets/73-flsa-break-time-nursing-mothers
- **Break Time for Nursing Mothers FAQ**
www.dol.gov/agencies/whd/nursing-mothers/faq



Your role as the employer is to support that plan and ensure the appropriate workplace accommodations and arrangements to allow the nursing mother to care for her baby.



Be receptive to the idea of the nursing mother scheduling 15- to 30-minute time blocks throughout the day to accommodate nursing or pumping.

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- **Break Time for Nursing Mothers under the FLSA (Microsoft® PowerPoint®)**
www.dol.gov/whd/nursingmothers/NM_PPT.ppt
- **Break Time for Nursing Mothers Employee Rights Card**
www.dol.gov/agencies/whd/nursing-mothers/card
- **FLSA Handy Reference Guide**
www.dol.gov/agencies/whd/compliance-assistance/handy-reference-guide-flsa#NursingMothers
- **How to File a Complaint**
www.dol.gov/agencies/whd/contact/complaints

From the U.S. Department of Labor's Women's Bureau:

- **Employment Protections for Workers Who Are Pregnant or Nursing**
www.dol.gov/wb/state-protections-pregnant-nursing-text.htm

From the National Institute for Occupational Safety and Health's (NIOSH):

- **Reproductive Health and the Workplace: What You Should Know about Breastfeeding and Your Job**
www.cdc.gov/niosh/topics/repro/breastfeeding.html

From the National Conference of State Legislatures:

- **Breastfeeding State Laws**
www.ncsl.org/research/health/breastfeeding-state-laws.aspx

From the Centers for Disease Control and Prevention (CDC):

- **Pumping Breast Milk**
www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/pumping-breast-milk.html
- **Breastfeeding Report Card**
www.cdc.gov/breastfeeding/data/reportcard.htm

From the World Health Organization (WHO):

- **Health Topics: Breastfeeding**
www.who.int/health-topics/breastfeeding
- **Breastfeeding**
www.who.int/maternal_child_adolescent/topics/child/nutrition/breastfeeding/en/
- **10 Facts on Breastfeeding**
www.who.int/features/factfiles/breastfeeding/en/
- **Early Childhood Development Begins with a Mother's Breast**
www.who.int/mediacentre/commentaries/2016/childhood-development-breastfeeding/en/
- **WHO Recommendations on Newborn Health**
<https://apps.who.int/iris/bitstream/handle/10665/259269/WHO-MCA-17.07-eng.pdf?sequence=1>

Managing Pregnancy

- **Infant and Young Child Feeding**

<https://www.who.int/en/news-room/fact-sheets/detail/infant-and-young-child-feeding>

- **WHO Recommendations on Child Health**

<https://apps.who.int/iris/bitstream/handle/10665/259267/WHO-MCA-17.08-eng.pdf?sequence=1>

Childcare

After your baby is born, you will experience many wonderful moments to celebrate. At the same time, you might experience a startling realization that these moments are also a time of critical responsibility, especially in terms of ensuring that your child is properly cared for when you return to the practice.

The decision you make regarding who cares for your child—and when—is a very personal one. While your primary concern is to ensure that your child receives the best care possible, where and how that care is provided—and by whom—has to mesh with the needs of your family, your overall lifestyle, and your professional obligations.

Each option has its own unique pros and cons. As you begin to consider the merits and drawbacks of each option, be sure to consider your own schedule and flexibility. Determine the best way to evaluate the options: Does a list detailing pros and cons work best for you? What about using a decision tree? Is there another system you have used to evaluate potential options for other matters in the past?

Start planning for childcare well before you need it. Word of mouth from trusted colleagues, friends and other contacts may help you identify potential childcare providers if you do not have any readily available. In some communities and depending on the options available to you, that could mean researching, visiting, and vetting providers before your baby is born. Make sure you conduct sufficient research to be confident that your child will receive the time, care, attention, and social engagement he or she needs at every stage. While someone may have recommended a certain person or place, your standards and expectations may be different. If you have reservations, trust your gut and either ask more questions or keep looking.

Childcare Options

Some childcare options include having a family member or close friend take care of the baby; arranging for in-home help, such as a nanny, or live-in help, such as an au pair; or bringing the baby to a licensed daycare center or in-home provider.

Nannies and Au Pairs

It is a good idea to research these options fully so you understand the differences between nannies and au pairs and can determine whether either one is right for you. The primary difference between nannies and au pairs is that nannies are highly trained professionals who have chosen to make providing childcare their vocation; au pairs typically are between the ages of 18 and 26 and have come to the United States from foreign countries on a cultural exchange visa and provide childcare in exchange for room and board. Position-specific websites can offer you information



As you begin to consider the merits and drawbacks of each option, be sure to consider your own schedule and flexibility.



Start planning for childcare well before you need it. Word of mouth from trusted colleagues, friends and other contacts may help you identify potential childcare providers if you do not have any readily available.

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and resources about the pros and cons of each type of caregiver, such as any limitations on work hours and services they can perform as well as easy access to information on referrals, background checks, and more.

Some practitioners opt to have their nanny or au pair on-site at the practice during office hours; this can be especially helpful when the baby is still nursing. Be aware of how your staff might respond to that proposition. Will they be accepting of the arrangement or will they feel some resentment about your ability to benefit from perks they do not have? Being proactive can go a long way in preventing those types of feelings. Make sure your compensation plan is competitive for your market. Resentment and other negative emotions may indicate that your team does not feel appreciated.

Take an objective look at how, and how often, you show your staff that you appreciate their dedication, hard work, and commitment to supporting the practice's vision and mission. Communicate the idea that by accepting the expense of having someone on-site to care for your baby, you are actually investing in the practice and in the team's earnings potential. Determine, in advance, whether the nanny or au pair can care for employees' children, even if only for a short amount of time. Consider the potential liabilities before saying yes. Also consider whether the additional responsibilities may present a hardship for your childcare provider.

Licensed Daycare Centers or In-Home Providers

Be aware that finding high-quality daycare centers can be a challenge in some communities. The demand can be greater than the supply so you should look well before you need it. It is not unusual for daycare facilities to require a deposit six months in advance of your baby actually starting to attend.

Make sure you have the appropriate systems and back-ups to support you, especially if your child is being cared for outside of the home. Delays and emergencies can happen at any time and patient appointments can run longer than expected. Some delays might not even be practice-related—for instance, traffic problems, bad weather, and other unexpected situations can disrupt anyone's schedule. They can also happen at any time—morning delays can delay your arrival at your child's care location or cause you to arrive at the practice later than expected. They can also occur at the end of the day and make your departure from the practice, and your arrival at childcare, later than expected. Consider asking a few friends if they would be willing to be back-ups for you in case you are unable to get your child from childcare at the scheduled time. If you can, offer to reciprocate whenever possible. Make sure the childcare center always has a current list of individuals who are allowed to pick up or drop off your child. Make sure anyone picking up your child has an age-appropriate car seat that has been properly installed in their vehicle.

Additional Childcare Options

Some communities establish parent co-ops where people take turns watching other people's children or doing pick-ups or drop-offs. While this arrangement gives you more options, it also comes with some added responsibility for helping other members in their moments of need.

Identify community resources, such as hospitals, that offer childcare for children who are sick or under the weather in case you have to work and your child is too sick to be cared for by their usual caregiver or attend their usual daycare program. Find out if there are any requirements to sending your child there. Some programs may have age limits or require pre-registration or proof of immunization, etc.



Be aware that finding high-quality daycare centers can be a challenge in some communities.



Make sure you have the appropriate systems and back-ups to support you, especially if your child is being cared for outside of the home.

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Once your child is school-aged, research local before and after school programs that might be available in your community. Potential options include:

- School-based programs
- Family members
- Friends
- Neighbors
- Older students who can serve as babysitters or as a “mother’s helper”
- Community-based programs, including those that might be operated by local nonprofit organizations
- Websites that cater to parents needing care on either a temporary basis or for a defined time period

Additional Childcare Options for Pregnant Dentists Who Are Practice Owners and Managers

Practice owners and managers may have additional options when thinking about childcare.

Bring Your Baby to the Practice with You

No matter how much your staff cares about you and your baby, resist the temptation to request or rely upon one or more employees to help you with childcare during the course of the business day.

Every task that you assign to an employee should be job-related. By allowing employees to help you in this area, you are actually taking away from their ability to perform the essential duties of their positions. While it might be acceptable to get a little help on the rare occasion when other help is not available, avoid defaulting to requesting last-minute help from employees when it comes to childcare. “Other duties as assigned” provisions in an employee’s job description should not include childcare. Fostering, or even allowing, that type of relationship can blur the line between employer and employee. Problems may arise if you and your staff have differing opinions on various childcare or child-rearing practices. There is also the issue of liability if your child is injured or if there is some other issue while an employee is watching over your child.

Build a Nursery or Childcare Room in the Practice

Be aware that having on-site space specifically dedicated to being a nursery or childcare area may require you to consult building and safety codes. This may require conferring with a qualified attorney to ensure that you are in full compliance with any regulations that may be in place in your state and community. You will also need to determine whether that space will be used for your child only or if the children of your staff could be cared for as well. Determine the potential liability of allowing children other than your own to use the space and determine whether the benefits are worth the additional expense.

Recognize that it is possible that using that space for only your child could cause some resentment among staff. Yes, you are the boss and responsible for the practice, its patients and staff, and ultimately its success, and you are not required to give the same considerations to staff. However, your staff are people too and it is natural for them to wish for some of the same perks that you, as the leader of the team and practice,



Resist the temptation to request or rely upon one or more employees to help you with childcare during the course of the business day.



Be aware that having on-site space specifically dedicated to being a nursery or childcare area may require you to consult building and safety codes.

Managing Pregnancy

might enjoy. You may be able to prevent those types of negative feelings among staff by having a candid conversation about how this provision enables you to continue to manage the business they rely on to support their own families. Have that discussion as early as possible, preferably before any construction or remodeling begins.

If you do decide to allow staff members' children to be cared for in the space, have a clearly defined and communicated plan for how that will work. The best way to do that is to develop a comprehensive written policy, announce it to your staff, and have everyone sign a statement confirming they have been given a copy of the policy and agree to abide by its provisions. Some of the issues the policy should address include:

- Whose children may use the space
- Whether the space can be used for before and after school care
- What to do:
 - If someone's child wants the parent's attention but the parent cannot be interrupted because they are involved in a procedure or patient consultation
 - If someone's child is sick
 - On days when schools are closed
 - During scheduled school breaks and unexpected closures
- How to address unacceptable behaviors and resolve disputes
- Who is allowed to pick up or remove each child from the facility

Additional Childcare Options for Pregnant Dentists Who Are Associates/Employee Dentists

Associates/employee dentists may also have additional childcare options to consider.

Bring the Baby to Your Employer's On-Site Nursery or Childcare Room

Although rare, some dental practices (often those where the primary dentist is also a new parent) offer employees access to on-site childcare. If you are considering this option, be aware of the cost to utilize this option and any policies regarding use of the space.

Make sure you are aware of specific details regarding:

- Whose children may use the space
- Whether the space can be used for before and after school care
- What to do:
 - If someone's child wants the parent's attention but the parent cannot be interrupted because they're involved in a procedure or patient consultation
 - If someone's child is sick
 - On days when schools are closed
 - During scheduled school breaks and unexpected closures
 - If someone's child engages in behaviors you consider unacceptable



Some dental practices (often those where the primary dentist is also a new parent) offer employees access to on-site childcare. If you are considering this option, be aware of the cost to utilize this option and any policies regarding use of the space.



Chapter 3. Managing Pregnancy as a Practice Owner or Manager

While there's no all-inclusive list of questions and answers that can cover every possible situation involving pregnancy, you can prepare for many of them by considering possible scenarios and developing action plans to implement if needed. The following list of suggested topics and questions can help you get started.

Personal Health Considerations

Maintaining your health is key during this special time. Planning in advance can also help ease stress during pregnancy.

During Pregnancy

It is important to outline the steps the dental team should take if the practice owner or manager experiences a medical event that requires attention.

The emergency plan should include the following information:

- The owner or manager's physician's name and contact information
- An outline detailing who else to contact and their contact information
- Information regarding the order in which the contacts should be notified of the medical event, as well as who should be contacted if the spouse or partner is not available
- The name and address of the hospital where the owner or manager plans to deliver the baby
- A listing of all the medications and supplements the owner is currently taking as well as information about allergies

The owner or manager should decide which staff member should serve as their primary (and secondary) advocate in case they need that type of support.

The owner or manager should:

- Ask those individuals, in private, if they are willing to accept that responsibility
- Share the plan with their staff
- Ensure the entire team knows who the primary advocates are so there is no confusion among the team regarding who should take action in case of a medical event



It is important to outline the steps the dental team should take if the practice owner or manager experiences a medical event that requires attention.

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Financial Considerations

Planning for financial issues can bring you peace of mind and help allow you to enjoy this time with your newborn. Here are some things you should think about.

During Pregnancy

Financial issues to address during pregnancy should include:

- What is the length of leave the owner or manager plans to take? Two months? Three months?
- Are savings and financial reserves sufficient to cover that amount of time?
- Is the financial cushion enough to cover living and business expenses if the owner or manager has to stop practicing earlier than expected, is placed on bed rest, or decides to extend her leave?

Post Pregnancy

Practice owners or managers need to think about:

- Is my financial cushion enough to cover my family and me if I decide to take an extended maternity leave, work part-time, or temporarily close the practice?
- Who will care for the newborn? What are his or her hours, costs, etc.?

Patient Considerations

How will the decisions regarding how to manage the practice while on parental leave impact my patients?

It is important to know that in order for a patient to be fully engaged in and informed about treatment, dentists have an ethical obligation to inform them of changes such as the dentist being away on maternity leave, the temporary closing of the practice, or the decision to implement a mutual aid arrangement and/or involve a locum tenens dentist in the practice. Guidance on matters relating to Patient Autonomy is available in Section 1 of the ADA Principles of Ethics and Code of Professional Conduct.



Planning for financial issues can bring you peace of mind and help allow you to enjoy this time with your newborn.



Guidance on matters relating to Patient Autonomy is available in Section 1 of the ADA Principles of Ethics and Code of Professional Conduct.

Managing Pregnancy

Business Considerations

Business continuity is important for both you and your team. Make sure everyone is on the same page and knows the plan before and during your leave.

During Pregnancy

Some business considerations before the baby arrives include:

- Should I should lighten my schedule?
- How do I manage patients, and income vs. expenses, if I decide to work fewer hours?
- Should I stop doing lab cases at a certain date because I may not be able to deliver the completed case before my leave?

Post Pregnancy

After the baby arrives, practice owners or managers should think about:

- What happens when I begin my maternity leave?
- Should I close the practice temporarily or find another dentist, or multiple dentists, to treat patients while I am out?
 - How will I find and vet dentists who might be able to see my patients on an interim basis?
 - Will those patient care visits take place at my practice with my staff team or will my patients go to someone else's practice?
 - Does my state or local dental association have recommendations for dentists who might be able to fill in for me?
 - Is a mutual aid agreement an option? Mutual aid agreements in dentistry are arrangements among dentists who agree to temporarily cover a colleague's office and patients until the dentist returns to the practice or, if the dentist is unable to return to practice, until the practice can be sold. See the Guidelines for The Development of Mutual Aid Agreements in Dentistry, a comprehensive resource developed by the ADA's Council on Dental Practice, for tips on how to set one up and details on the protections and responsibilities involved in a mutual aid agreement.
 - Who else can I contact for suggestions?
 - What if my pregnancy leave needs to be extended days or weeks due to my own medical necessity? How will I cover that extended time?
- Does the leave I plan to take comply with my own policies?
- Is there a dentist/new parent network that I can reach out to for general advice or specific concerns?



Make sure everyone is on the same page and knows the plan before and during your leave.

Managing Pregnancy

Staffing Considerations

Thinking ahead about which responsibilities will be delegated to whom can save a lot of stress during your leave, as well as when you come back to the practice.

During and Post Pregnancy

- How comfortable am I delegating certain responsibilities to my staff?
- What duties can be delegated? And to whom?
- Which staff members are most qualified to take on additional duties?
- How do I distribute responsibilities so no one feels overwhelmed or overlooked?
- What training will my staff need in order to successfully perform these new responsibilities?
- Who has the passwords for different systems? Should back-ups be put in place?
- Who do I trust to handle payroll? Are they bonded? Do they need to be? What system of checks and balances should I put into place?
- Should I keep the practice open while I am on leave?
 - What happens if I do not keep it open?
 - Will the staff lose their medical/health insurance if the practice closes temporarily?
 - Is it possible to keep a few staff members on the active payroll to keep the practice open while I am out?

Resources

- **The ADA Council on Dental Practice's Guidelines for The Development of Mutual Aid Agreements in Dentistry**
www.ADA.org/~ /media/ADA/Member%20Center/Files/dentalpractice_mutualaid.ashx
- **ADA Principles of Ethics and Code of Professional Conduct, Section 1**
www.ADA.org/en/about-the-adaADA/principles-of-ethics-code-of-professional-conduct



Thinking ahead about which responsibilities will be delegated to whom can save a lot of stress during your leave, as well as when you come back to the practice.



Chapter 4. Concerns for Pregnant Associates/Employee Dentists

Maternity/Parental Leaves of Absence

The amount of time you can take as for maternity/parental leave is an important concern for any new parent. It is also a concern for the parent's employer. The level of benefits, if any, can depend on many factors including your employer's policies and the number of people employed. It may also be influenced by the number of practices, as well as their locations.

Of course, a primary consideration is whether the practice has 50 or more employees—if so, it must follow the requirements of the U.S. Department of Labor's Family and Medical Leave Act (FMLA). More information about the Act can be found in Chapter 6 in the section "Highlights of the U.S. Department of Labor's Family and Medical Leave Act (FMLA)."

New dentists and dental students sometimes inquire about the wisdom of attempting to negotiate parental leave into their employment agreements or contracts. While the decision regarding whether to broach the subject during an interview or the negotiating phase is completely up to you, many human resources professionals advise against discussing the topic since your prospective employer is bound by all applicable federal and state regulations and likely already has policies in place regarding staff medical leave.

It is possible that your employer may have a single standard employment contract or agreement for all employees and amending the language of the contract for you could put him or her in a tenuous position should someone else allege favoritism or unfair treatment.

In addition, while it would be illegal for a prospective employer to not offer someone a position because they may be thinking about starting a family, it is possible that knowing you plan to do so could cause the hiring manager to scrutinize your skills and career history more thoroughly than those of other candidates.

Be aware that some states have laws regarding medical or parental leaves that are sometimes more restrictive than those issued by the federal government. The National Partnership for Women and Families has created a table detailing the status of state paid family and medical leave insurance laws that may provide you with some helpful information.

The Executive Board of the American College of Obstetricians and Gynecologists (ACOG) and the American Congress of Obstetricians and Gynecologists have issued a policy statement on paid parental leave that offers guidelines intended to serve as



The level of benefits, if any, can depend on many factors including your employer's policies and the number of people employed. It may also be influenced by the number of practices, as well as their locations.



The National Partnership for Women and Families has created a table detailing the status of state paid family and medical leave insurance laws that may provide you with some helpful information.

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a framework for paid parental leave policies for all workers with additional guidelines recommended for physicians. While these guidelines may be more generous than leaves of absence mandated by federal and state regulations, they may offer some suggestions for concepts to broach with your employer should they be considering a review of the practice's policy and benefits relating to parental leave.

In an effort to collect basic information about maternity-related issues in dental practices, the American Dental Association (ADA) conducted a survey to solicit data that could provide a very general framework for what to expect when anticipating a maternity/parental leave of absence. See Appendix 1: Highlights of the 2019 ADA Survey of Parental/Adoption Benefits for more information.

While the data cannot predict what level of benefit might be available in the practice where you work, the information can provide an idea of what is generally available in practices according to its size and practice model. Benefits available through your employer may vary; consult your human resources representative or practice administrator/manager for specific information and answers to any questions you might have.

Planning Your Maternal/Parental Leave

Consult with your physician to determine how long into your pregnancy you should work.

The U.S. Department of Labor's Family and Medical Leave Act (FMLA) does not require employers to provide pay while an employee is on leave unless the employer has a policy stating otherwise. While some states have additional protections beyond the federal statute, others do not—so make sure you know the laws in your state.

Some pregnant women, especially those working in states that do not provide additional protection, may strive to work as long as possible as a way to maintain their income stream and provide the maximum amount of time to take post-delivery. Make the decision regarding how long to work in consultation with your physician.

If you have no paid leave available to you and are unable to work at all, it is possible you may qualify for either unpaid leave as an accommodation or under the FMLA.

Unemployment insurance typically does not cover maternity/parental leave. Some level of limited financial income may be available if your employer provides short-term disability insurance.

Consider scheduling a meeting with your manager or human resources staff shortly after announcing your pregnancy for information specific to your employer's policies regarding medical leave. Know in advance that you, as a pregnant employee, are entitled to the same benefits as a non-pregnant employee on medical leave in regards to seniority, vacation calculation, salary increases, and temporary disability benefits. Go to the meeting ready to listen to the information and be prepared with a list of specific questions. Possible topics might include how benefits are accrued during that time, earnings towards any potential bonuses, etc.



Consider scheduling a meeting with your manager or human resources staff shortly after announcing your pregnancy for information specific to your employer's policies regarding medical leave.

Managing Pregnancy

Your employer should not:

- Refuse to hire a person who can perform the functions of the job because of pregnancy. Employers are also prohibited from discriminating on other aspects of employment—such as job pay, assignments, promotions, layoffs, training, fringe benefits and firing—due to pregnancy.
- Have a policy that requires you to advise your employer that you are thinking about or planning to start a family.
- Treat you differently than they treat employees who have the same ability to work and who are not pregnant.
- Require you to take medical leave because of your pregnancy if you can still perform your job. They also should not suggest that you begin your leave of absence earlier than the date recommended by your physician.
- Require you to provide a physician’s statement certifying that you can work if the similar statements are not required from the physicians treating other employees planning or taking medical leaves.
- Claim that any performance issues are the result of pregnancy. Any claims of unsatisfactory performance should have been evident—and documented and discussed with you—before the announcement of your pregnancy.
- Refuse to allow adequate time for you to recover from delivery as recommended by your physician and in accordance with any relevant policies enforced at the practice.
- Penalize you in any way for taking breaks in order to breastfeed your baby or express milk.

More information on these topics can be found in Chapter 6: Federal and State Regulations and Protections Related to Pregnancy, including:

- Highlights of the U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA)
- Highlights of the U.S. Department of Labor’s Family and Medical Leave Act (FMLA)
- Highlights of the U.S. Department of Labor’s Fair Labor Standards Act (FLSA)

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Resources

- **The U.S. Department of Labor’s Family and Medical Leave Act (FMLA)**
www.dol.gov/agencies/whd/fmla
- **The National Partnership for Women and Families’ State Paid Family and Medical Leave Insurance Laws**
www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf
- **The Executive Board of the American College of Obstetricians and Gynecologists (ACOG) and the American Congress of Obstetricians and Gynecologists policy statement on Paid Parental Leave**
www.acog.org/-/media/Statements-of-Policy/Public/92ParentalLeaveJuly19.pdf?dmc=1&ts=20191125T1959299286
- **The U.S. Department of Health and Human Services’ Office on Women’s Health content on Pregnancy**
www.womenshealth.gov/pregnancy

Accommodations While Pregnant

You may request certain job accommodations while pregnant. Accommodations that may apply during pregnancy include:

- Having some flexibility in the work schedule to allow you to attend prenatal appointments; this can be especially helpful for high-risk pregnancies
- Taking more frequent rest breaks
- Being able to use an ergonomically appropriate chair or stool when possible
- Avoiding potentially dangerous activities
- Taking more frequent restroom breaks
- Occasionally being late to work due to morning sickness

Ask your physician to provide a note to your employer detailing the reason accommodations are recommended and specifying what types of accommodations should be put into place. If, for some reason, you are unable to do your regular job safely even with accommodations, you may be eligible to request a different short-term job assignment under the Pregnancy Discrimination Act (PDA). Refer to the “Highlights of the U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA)” section in Chapter 6 for more information.

Accommodations typically do not continue once you return from your maternity leave. If you believe you need some type of accommodation, discuss it with your physician and provide your employer with a note detailing why you need the accommodation, what changes should occur, and a plan for reassessing the arrangement.



Ask your physician to provide a note to your employer detailing the reason accommodations are recommended and specifying what types of accommodations should be put into place.

Managing Pregnancy

Your Rights as a Pregnant Associate/Employee Dentist

As an associate/employee dentist, or a dental student, it is not unusual for you to sometimes feel as though you are walking the dividing line between two worlds. On one hand, you are an educated and skilled clinician who provides individualized treatment for each patient; on the other hand—and depending on the management style and philosophy of the practice in which you work—you may feel challenged in your autonomy to manage your schedule and production while simultaneously feeling constrained by the practice’s policies relating to pregnant employees.

Rest assured that you are not alone in feeling that way. Resources, including this one, are available to help you learn your rights and responsibilities as a pregnant employee. Depending on the size of the practice in which you work, two key federal mandates that may be relevant to pregnant workers are the U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA) and the U.S. Department of Labor’s Family and Medical Leave Act (FMLA); information specific to those regulations appears in Chapter 6 of this book. Be aware that other relevant rules, statutes, and regulations can exist at the federal, state, and local levels. Generally speaking, the most stringent rule always takes precedence.

Once you’re aware of your rights—and your responsibilities—as a pregnant employee, it is a good idea to research your employer’s policies, benefits, and practices relating to the management of pregnant employees.

If your research leads you to believe there might be discrepancies in what is legally required versus the reality within the practice, determine whether and how to bring the issue to management’s attention. A good rule of thumb is to discuss these topics in private instead of during a formal meeting among all employees. Be aware that if you work in a large group practice decisions about staff policies and benefits may be made higher up in the chain of command and that can take additional time. Decide what outcome you want and what outcome you are willing to accept.

Always remember that you have the right to work in an environment that keeps you and your baby safe and that your efforts to ensure the fair treatment of pregnant employees is good training for your future role as your baby’s primary advocate.

Resources

- **The U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA)**
www.eeoc.gov/laws/statutes/pregnancy.cfm
- **The U.S. Department of Labor’s Family and Medical Leave Act (FMLA)**
www.dol.gov/agencies/whd/fmla



Once you’re aware of your rights—and your responsibilities—as a pregnant employee, it is a good idea to research your employer’s policies, benefits, and practices relating to the management of pregnant employees.



Chapter 5. Managing Staff Pregnancies as an Employer

As the owner or manager of a dental practice, you may think you are exempt from having to be involved in managing a pregnancy. Yet in your role as the leader of the dental team, you will likely have occasions to support your staff, or their spouses/partners, during pregnancies. This book provides general guidance for managing pregnant staff members and includes information about where to find additional resources and information from credible sources.

The Dental Practice as a Family and the Dentist as the Leader of the Team

Many dental healthcare workers talk about their colleagues, and sometimes even their patients, as being members of a family. That type of culture does not exist in all industries, or even in all practices, so it is important to celebrate and nurture it if it exists in yours.

One potential downside of the dental practice as family is that it can lead to a blurring of lines and relationships—while you care about your team and their families, your primary focus is providing customized quality care to each patient, leading and mentoring the staff, and operating a successful business.

This distinction is especially important when a member of the team announces a pregnancy. While your instincts may tell you to be more solicitous of the expectant parent, it is unlawful to treat a pregnant staff member differently than you treat other employees. For these reasons, you must be knowledgeable about the many federal regulations regarding the rights of pregnant and nursing employees. You also should determine whether your state has additional, and possibly more stringent, regulations in place. You may want to consider contacting a qualified attorney who specializes in employment law or a human resources professional to ensure compliance with all of the rules that apply to your practice.



While your instincts may tell you to be more solicitous of the expectant parent, it is unlawful to treat a pregnant staff member differently than you treat other employees. For these reasons, you must be knowledgeable about the many federal regulations regarding the rights of pregnant and nursing employees.

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Things You Should Know

Several of the key federal regulations regarding pregnant and nursing mothers are discussed in dedicated sections in this book. A few important things to know include the following:

- Make sure your employee policy manual discusses staff pregnancy and nursing/pumping. Any policies must comply with federal and state laws, which may vary depending on the number of employees working in the practice. A good rule of thumb is to have these policies in place and communicated to staff before a pregnancy is announced. New hires should review, and sign a notice confirming that they have read, the complete employee policy manual during the onboarding process.

Review your employee policy manual periodically to ensure your policies and levels of benefits are competitive for your market. Having a generous but affordable benefits package can help retain staff.

- Be aware that several jurisdictions now require mandatory paid sick leave and more may have followed suit since this book was published. Mandatory maternity leave policies or sick leave laws, if they exist in your jurisdiction and apply to you, may require employers to amend policies that detail how sick leave and maternity leave work alongside one another.
- Ensure each staff position has a current and accurate job description. Not only is this part of your responsibility as an employer, it can also be helpful if a pregnant employee wishes to talk with their physician about needing workplace accommodations while pregnant or nursing. The physical and ergonomic demands vary depending upon the role of the individual employee and having a detailed job description can assist the physician in identifying specific accommodations that are appropriate. Employees may have concerns about possible risks that may be associated with working in a dental practice, such as exposure to radiation and nitrous oxide, while pregnant. Detailing possible exposures in the job description help ensure that the physician has complete information.
- Be familiar with the:
 - U.S. Equal Employment Opportunity Commission's Pregnancy Discrimination Act (PDA)
 - U.S. Department of Labor's Family and Medical Leave Act (FMLA)
 - U.S. Department of Labor's Wages and the Fair Labor Standards Act (FLSA)

Information recapping key aspects of these federal rules are included in Chapter 6 of this book.

Resources

- **The U.S. Equal Employment Opportunity Commission's Pregnancy Discrimination Act (PDA)**
www.eeoc.gov/laws/statutes/pregnancy.cfm



Any policies must comply with federal and state laws, which may vary depending on the number of employees working in the practice.



Ensure each staff position has a current and accurate job description.

Managing Pregnancy

- **The U.S. Department of Labor’s Family and Medical Leave Act (FMLA)**
www.dol.gov/agencies/whd/fmla
- **The U.S. Department of Labor’s Wages and the Fair Labor Standards Act (FLSA)**
www.dol.gov/agencies/whd/flsa

FAQ on Pregnancy-Related Benefits

While it is impossible to predict every question an expectant staff member will ask, you may want to consider some of the potential questions that might arise regarding the practice’s benefits and policies on pregnancy, nursing, and maternity leave. This FAQ can help you prepare for those questions and possibly determine if it is time to update existing benefits and practices.

What am I required to do for a pregnant employee?

The easy answer is that you are required to follow all federal, state, and local laws that apply to your practice. Yet the easy answer may not be the complete answer.

Consider what all of your employees, not just the pregnant ones or those who are new parents, would like you to do and compare that to the practice’s resources. If you think you might have the capacity to increase or add new benefits, talk to your business advisors, such as your attorney and financial consultant, to make sure you can expand your benefits package. If they agree that it is possible, talk to your staff to confirm that they will value the changes you are considering before proceeding.

If you need general suggestions regarding valued employee benefits, some human resources professionals suggest starting with a review of the health insurance offered by the practice and determining whether it can be enhanced. Practices that cannot offer health insurance may consider looking into alternatives.

Can I offer a higher level of benefits or make special allowances when the pregnant employee is an associate dentist?

Most human resources consultants would likely advise you to treat all employees in similar circumstances and health conditions equally. Since the applicable federal, state, and local laws typically apply equally to everyone, your practice policies should as well. Of course, there may be some differences regarding whether employees are exempt or non-exempt; be sure to know if they apply in your office. If you are not certain, consider contacting a qualified attorney who is knowledgeable about employment law or a human resources professional.

How do I respond when a prospective associate asks to have the maternity leave benefit detailed in the employment agreement? Or if they try to negotiate a higher level of benefit?

It should not be a surprise that some new dentists may inquire about and even try to negotiate parental leave benefits into their employment agreements. Many of them have excessive student debt and are trying to determine how to balance paying their loans while starting a family. Your established human resources policies apply equally to all employees so there is no need to negotiate this into the associate agreement.



Most human resources consultants would likely advise you to treat all employees in similar circumstances and health conditions equally. Since the applicable federal, state, and local laws typically apply equally to everyone, your practice policies should as well.

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Respond to these requests with empathy and understanding while simultaneously stressing that the practice has worked hard to ensure its benefit plans and human resource policies are fair and applied equally to everyone.

If your maternity leave policy is more than a few years old, it might be time to evaluate if it should be updated. Refer to the “Considerations for a Maternity Leave of Absence Policy” section from the publication *ADA Guidelines for Practice Success (GPS): Managing the Dental Team* for suggestions for assessing your current policy.

Are there benefits to classifying someone working in the practice as an independent contractor instead of as an employee?

While information in this book regarding maternity leave or benefits does not apply to employees who meet the criteria established by the Internal Revenue Service (IRS) and the Department of Labor (DOL) for independent contractors, the reality is that few dental healthcare workers meet those criteria. A good rule of thumb is to contact a qualified attorney who is knowledgeable about employment law or a human resources professional before determining that any employee is an independent contractor. Also be aware that having independent contractors on your staff does not exempt you from following the applicable rules and can actually be a disadvantage to the employer in that the practice is protected by having certain policies and rules that employees must agree to follow. The same conditions cannot always be imposed on independent contractors.

Can I have policy requiring employees to advise me that they are planning, or adding to, a family?

Employers should refrain from asking employees about their plans to start or add to families and should not have a policy requiring them to do so.

When should I make accommodations for a pregnant employee or for a nursing mother? How do I know what accommodations are appropriate?

The employee’s physician should provide you with a statement outlining what accommodations, if any, are appropriate. Be aware that both pregnant women and nursing mothers may need more frequent restroom breaks. Refer to Chapter 6: Federal and State Regulations and Protections Related to Pregnancy for more information in the following sections: “Highlights of the U.S. Equal Employment Opportunity Commission’s Pregnancy Discrimination Act (PDA)” and “Highlights of the U.S. Department of Labor’s Family and Medical Leave Act (FMLA).”

While you may consider suggesting, or even implementing, accommodations that you believe may be helpful to the pregnant employee, making any decision regarding an accommodation without direction by the employee is actually pregnancy discrimination.

Is it okay to give the pregnant employee a copy of her job description for her physician to review?

It is always a good idea to provide a copy of the job description since relaying that information to the physician will allow him or her to assess any potential risks or concerns and determine what, if any, accommodations should be implemented in the workplace.

It can also help you plan for any cross-training of staff that might be needed. Because physicians sometimes recommend that pregnant employees not take patient radiographs, knowing in advance that you need a back-up person to help take x-rays might help you identify that person early enough to conduct any necessary training.



If your maternity leave policy is more than a few years old, it might be time to evaluate if it should be updated.



While you may consider suggesting, or even implementing, accommodations that you believe may be helpful to the pregnant employee, making any decision regarding an accommodation without direction by the employee is actually pregnancy discrimination.

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Does offering health insurance really boost employee retention?

Human resources professionals report that new graduates in most fields, and individuals looking to change employers, are savvy enough to look beyond the annual or hourly salary and to consider the value of the complete benefits package. This perspective makes offering a good insurance plan especially important. Having a competitive benefits package can help you attract—and retain—employees that bring value to your patients, team, and practice.

How does pregnancy affect employee retention?

Not every pregnancy is planned. Regardless of whether an employee planned to add to their family, having access to health insurance provides both peace of mind and some relief from the financial costs associated with pregnancy and raising a child. In some cases, it could even mean the difference between remaining on staff versus leaving the position and obtaining health coverage through state-supported programs like Medicaid.

My practice cannot afford to pay for health insurance, so what other options might I consider?

Some solo, start-up, or small group dental practices may not have the financial capacity to offer employees top tier benefits like health insurance. In those cases, some type of compensation in lieu of health benefits can be both a highly valued benefit for the staff and a definitive competitive advantage for the employer.

Compensation in lieu of health benefits is typically a fixed amount paid either monthly or annually to employees regardless of whether they received medical services. Participants in the plan are not required to limit the use of the allowance for medical expenses and are not required to submit bills or other documentation substantiating payment for medical treatment received.

Practices opting for this type of benefit should consider ensuring that it is implemented equally across the board for all employees to avoid any appearance of favoritism.

One of my employees is experiencing significant hardships and could use some extra financial support. Can I do something special to help that person?

Given the sense of family that develops in many dental practices, it is understandable for you to be sensitive to an employee's hardship situation and want to help. Yet, as the employer, it is important for you to be consistent in following established policies. While the final decision is yours, be aware that allowing exceptions can cause resentment among staff and create the expectation that similar arrangements will be made for other employees experiencing hardships in the future.

What should I communicate about health plans?

Any information about the health insurance plan and other benefits available to staff should be detailed in the employee handbook and clearly communicated to all employees.



Given the sense of family that develops in many dental practices, it is understandable for you to be sensitive to an employee's hardship situation and want to help. Yet, as the employer, it is important for you to be consistent in following established policies.

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FAQ on Maternity/Parental Leaves

Pregnancy discrimination is the most frequently investigated complaint by the U.S. Equal Employment Opportunity Commission (EEOC). A good rule of thumb is to develop a comprehensive policy on this complicated issue before you need it. Be aware that in addition to a specific policy on maternity leave of absence, you should know how that policy is affected by other policies, how you have handled previous situations with similar circumstances, and state and federal rules, regulations, and laws that govern the policies you adopt.

A 2019 survey conducted by the American Dental Association (ADA) offers some general information regarding maternity, parental, and adoption benefits in dental practices of different sizes and practice models. Review Appendix 1: Highlights of the 2019 ADA Survey of Parental/Adoption Benefits to see how your practice compares.

If your maternity leave policy is more than a few years old, it might be time to take another look and consider whether it should be updated. Refer to the “Considerations for a Maternity Leave of Absence Policy” section from the publication *ADA Guidelines for Practice Success (GPS): Managing the Dental Team* for suggestions for assessing your current policy.

Applicants for open positions in the practice have started asking what our maternity leave policy is. How should I respond?

Staff benefits packages can vary greatly and for many reasons. Consider the norms in your community and assess whether your practice can offer benefits at, near, or even beyond that level.

Some human resources professionals recommend having an all-inclusive pregnancy-related leave policy as a best practice. These types of leaves go beyond the traditional maternity benefit and include paternity, spousal, parental, and adoptive leaves. A key benefit to this type of policy is that it allows nearly every employee to see himself or herself as being able to benefit from it.

Within the United States, a generally accepted pregnancy-related leave is six weeks postpartum; practices with 50+ may qualify under the U.S. Department of Labor Wage and Hour Division’s Fact Sheet #28: The Family and Medical Leave Act and be required to provide up to 12 weeks of leave for pregnant employees. See the section in Chapter 6: Federal and State Regulations and Protections Related to Pregnancy titled “Highlights of the U.S. Department of Labor’s Family and Medical Leave Act (FMLA)” for more information.

Because every family’s pregnancy, delivery, and situation is unique, some employees may want to take more, or less, leave than others. Be flexible wherever possible and always comply with applicable laws and relevant practice policies.

What is the advantage in providing paid leave?

It is up to you to decide whether the practice can afford to provide paid time off for employees on medical leave. Before making that determination, be aware that access to paid time off must be consistent among all employees in similar situations and that paid time off can boost staff loyalty and increase the odds of them returning to



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Consider the norms in your community and assess whether your practice can offer benefits at, near, or even beyond that level.

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work in your practice instead of in someone else's. Having a competitive benefits and salary package can also boost the practice's cache among dental healthcare workers in the community and the practice may benefit by attracting top tier candidates for future open positions.

Should the practice policy recommend when pregnant employees begin their leave?

The official start date of a pregnant employee's leave is best determined by the employee in consultation with her physician. An employee's leave can start before the baby is born and does not have to be taken contiguously. Some employees may opt to use their leave benefit for the 20 prenatal visits commonly scheduled for most pregnancies. High risk pregnancies and cases requiring more complicated maternity care can involve as many as two to three physician visits per week.

Can I make separate agreements with different employees?

Human resources professionals often advise against making side deals or special arrangements because other staff members may view that as favoritism and discrimination. Those types of negative emotions can negatively impact the culture of the practice and may put you at risk legally. A good rule of thumb is to consult a qualified attorney or human resources professional before entering into this type of agreement.

What happens if an employee requests a longer leave?

Review the practice policy about leave and consider whether it is possible to allow an extension of up to 30 days providing the employee submits a physician's note that substantiates the need for additional time off.

Can the policy set a return date for employees on leave?

The best rule of thumb is to follow the applicable federal, state, and local rules governing leave and those regulations establish limits as to how long the individual's job is protected. The employee should consult with her physician regarding the best time to return to work.

The employee handbook should have a formal, comprehensive policy that addresses pregnancy issues. Some of the benefits of having this in writing include protecting the practice by:

- Reducing the likelihood that the practice could be held to a "default" standard based on past habits and practices.
- Specifying that any pregnant employee planning to return to work after a maternity leave of absence must advise you of the date of her return to work and keep you informed in the event that the expected return date changes.
- Outlining the circumstances under which an employee can request an extension of her leave.
- Addressing what happens if the employee fails to return to work on the scheduled date.
- Detailing what happens if the practice downsizes and her position becomes redundant.



An employee's leave can start before the baby is born and does not have to be taken contiguously.



The best rule of thumb is to follow the applicable federal, state, and local rules governing leave and those regulations establish limits as to how long the individual's job is protected.

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- Explaining how the accrual of benefits, bonuses, etc., will be managed during the leave.

It is imperative to have a professional, such as a qualified attorney who specializes in employment law or a qualified human resources professional, assist in crafting the language in your employee policy manual.

Resource

- **The U.S. Department of Labor Wage and Hour Division's Fact Sheet #28: The Family and Medical Leave Act**
www.dol.gov/whd/regs/compliance/whdfs28.pdf

FAQ on Pregnancy-Related Staffing Issues

Managing staff and establishing the various policies relating to employees can be a complex and intensive process. While the questions answered here provide a starting point for some of the staffing issues relating to pregnant employees, it is a good idea to have a professional, such as a qualified attorney who specializes in employment law or a human resources professional, assist in crafting the language in your employee policy manual.

The person we hired to fill in for the employee who is on leave is doing a better job than the original employee; can I hire the temp to replace the original employee?

The FMLA requires employers to return employees who have been on leave to their position. Your human resources manager can keep the name and contact information of the temporary employee on file to be contacted if a suitable opening develops in the future. Practices that do not qualify under the FMLA should still conduct their due diligence in these types of situations. Many states have lower employee thresholds than the FMLA regarding leaves that apply to maternity leave and the protections afforded to employees. Thus, just because FMLA does not apply, there could still be significant risk in replacing the original employee with a temporary employee depending on the state in which the dentist practices.

The employee on leave has had performance issues and was a poor performer even before announcing the pregnancy. Can I use that as grounds to hire someone else for the position?

Be aware that while a pregnant employee, like any other, can be let go at any time, the potential risks can be significant and that the burden-of-proof is on the dentist who must be able to demonstrate that the termination, regardless of when it incurred, was in no way related to or because of the pregnancy. For this reason, it is important that any corrective action should be taken any time any employee performs below expectations. Be sure to document all discussions regarding performance coaching in the employee's personnel file to ensure you have



It is a good idea to have a professional, such as a qualified attorney who specializes in employment law or a human resources professional, assist in crafting the language in your employee policy manual.

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a complete and accurate record of the problems and steps taken to correct them. Consistent performance feedback should be given to every employee throughout his or her tenure with the practice.

What about cases when the employee's poor performance started right after she announced the pregnancy? Can there be a link between pregnancy and slacking off?

Performance issues cannot be attributed to pregnancy or any other medical or health condition. Any employee who is not adequately fulfilling the duties for which they were hired should be coached and all discussions should be documented in the personnel file without regard for their health status.



Any employee who is not adequately fulfilling the duties for which they were hired should be coached and all discussions should be documented in the personnel file without regard for their health status.



Chapter 6. Federal and State Regulations and Protections Related to Pregnancy

Various regulations at both the state and federal levels provide workplace protections to pregnant employees and address pregnancy discrimination, workplace accommodations that might be needed during pregnancy, maternity leave, and protections relating to breastfeeding upon returning to work. Because state regulations can—and do—vary, this book focuses on federal protections and provide only basic suggestions to help you research your state’s specific rules.

Both federal and state laws typically have certain thresholds that must be met for specific statutes to apply; when it comes to workplace matters, that threshold is usually based on the number of employees. Know that thresholds can change over time so be sure you research your state’s current standards rather than relying on word of mouth from a family member, friend, or colleague who was pregnant some years ago.

The size of the practice can impact what protections apply and also the type and level of maternity/parental benefits offered to employees. Large group practices and those with locations in multiple states may have greater financial resources, making it easier for them to offer more generous benefits. On the other hand, solo or small group practices may be more limited in terms of what they can offer and, because of their size, may be exempt from many federal and state regulations regarding pregnancy protections.

Take time to familiarize yourself with these three federal rules that provide pregnancy protections in the workplace. While this book focuses on relevant federal requirements, several states have enacted additional protections for maternity and parental leave and, in some cases, have lowered the threshold for the application of protections to apply to businesses with fewer than 15 employees.



The size of the practice can impact what protections apply and also the type and level of maternity/parental benefits offered to employees.

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The U.S. Equal Employment Opportunity Commission's Pregnancy Discrimination Act (PDA)

The PDA prohibits employers with a minimum of 15 employees from: refusing to hire a woman because of pregnancy; firing or forcing a woman to leave her position because of pregnancy; taking away certain benefits—such as credit for previous years worked, accrued retirement benefits or seniority because of maternity leave—or firing or refusing to hire a woman because she opted to terminate a pregnancy. The Act also mandates that pregnant women be eligible for temporary job reassignment to easier duties if pregnancy makes her unable to perform her current duties.

Highlights of the U.S. Equal Employment Opportunity Commission's Pregnancy Discrimination Act (PDA)

The U.S. Equal Employment Opportunity Commission (EEOC) prohibits discrimination on the basis of:

- Age
- Disability
- Equal pay/compensation
- Genetic information
- Harassment
- National origin
- Pregnancy
- Race/color
- Religion
- Retaliation
- Sex
- Sexual harassment

The Pregnancy Discrimination Act of 1978 (PDA) amends Title VII of the Civil Rights Act of 1964 that made it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical/health condition related to pregnancy or childbirth. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

The PDA applies to employers, including dental practices, with at least 15 or more full-time, part-time, and temporary employees.



The Pregnancy Discrimination Act of 1978 (PDA) amends Title VII of the Civil Rights Act of 1964 that made it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical/health condition related to pregnancy or childbirth.

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Under the Act, employers:

- Must allow pregnant employees to work as long as they are able to perform their jobs.
- Must treat pregnant employees unable to perform their responsibilities in the same way that they treat any disabled employee. This may include implementing accommodations such as assigning different tasks or assignments, reducing the work load, offering disability or leave without pay.
- Are not required to maintain pregnant employees in jobs they cannot perform but are prohibited from removing a pregnant employee from a position because they believe the work could be a risk to the employee and the pregnancy.
- May not require a pregnant employee who has been absent from work as a result of the pregnancy to remain on leave until the baby's birth.
- Cannot establish rules that prevent an employee who has given birth from returning to work for a predetermined length of time after delivery.
- Cannot single out pregnancy-related conditions for medical clearance procedures that are not required of other employees who are similar in their ability to work. For example, an employer can only require a pregnant employee on leave to provide a physician's note regarding the inability to work prior to starting leave or receiving sick/disability benefits if the same requirement applies to all other employees on medical leave.
- Must allow pregnant employees to take disability leave or leave without pay if they allow temporarily disabled employees to do the same.
- Must hold the pregnant employee's job open for the same length of time that jobs are held open for other employees on sick or temporary disability leave not related to pregnancy.
- Must provide health insurance coverage for pregnancy at a level and amount that is on par with the coverage made available for employees with medical or health issues not related to pregnancy.
- Are not mandated to provide health insurance benefits to cover the medical costs of terminated pregnancies except in cases where the life of the pregnant employee is endangered.

The U.S. Equal Employment Opportunity Commission offers valuable resources on several relevant topics, including Pregnancy Discrimination and Prohibited Employment Policies/Practices.



The U.S. Equal Employment Opportunity Commission offers valuable resources on several relevant topics, including Pregnancy Discrimination and Prohibited Employment Policies/Practices.

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Resources

From the U.S. Equal Employment Opportunity Commission:

- **Pregnancy Discrimination Act of 1978**
www.eeoc.gov/laws/statutes/pregnancy.cfm
- **Pregnancy Discrimination**
www.eeoc.gov/laws/types/pregnancy.cfm
- **Prohibited Employment Policies/Practices**
www.eeoc.gov/laws/practices/index.cfm

The U.S. Department of Labor's Family and Medical Leave Act (FMLA)

The FMLA applies to workplaces with a minimum of 50 employees and ensures that employees on a medical leave, including maternity leave, have the right to take up to 12 weeks of unpaid leave and be able to return to the same job or one that is similar to the one they had before beginning the leave.

Highlights of the U.S. Department of Labor's Family and Medical Leave Act (FMLA)

According to the U.S. Department of Labor Wage and Hour Division's Fact Sheet #28: The Family and Medical Leave Act, eligible employees of covered employers are entitled to take unpaid, job-protected leave for specified family and medical reasons. Additional resources are detailed at the end of this section.

The Act only applies to "covered employers" who are defined as fulfilling one of these criteria:

- Is a private-sector employer with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer.
- Is a public agency, including a local, state, or federal government agency, regardless of the number of employees it employs.
- Is a public or private elementary or secondary school, regardless of the number of employees.

Covered employers are required to:

- Post a notice explaining rights and responsibilities under the FMLA or risk a civil money penalty for willful failure to post the notice.
- Include information about the FMLA in their employee handbooks or provide information to new employees upon hire.
- Provide any employee requesting leave, or one whom they have reason to



According to the U.S. Department of Labor Wage and Hour Division's Fact Sheet #28: The Family and Medical Leave Act, eligible employees of covered employers are entitled to take unpaid, job-protected leave for specified family and medical reasons.

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believe may request leave, with a notice concerning their eligibility for FMLA leave and information regarding their rights and responsibilities under the FMLA.

- Notify employees whether leave is designated as FMLA leave and the amount of leave that will be deducted from the employee's FMLA entitlement.
- Continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave.
- Restore the employee to their original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment upon their return from leave.

Covered employers have the right to:

- Require the employee to provide certification from a healthcare provider that supports the request for the leave.
- Offer employees the option of using either all, a portion of, or none of their regular leave benefits during the leave period, which may be as long as 12 weeks.

Covered employers may not:

- Penalize the employee's use of FMLA leave against any "no-fault" attendance policy.

The FMLA only applies to "eligible employees" who are defined as someone who:

- Works for a covered employer.
- Has worked for the employer for at least 12 months (it may not be necessary to have worked those months consecutively).
- Has at least 1,250 hours of service for the employer during the 12-month period immediately preceding the leave.
- Works at a location where the employer has at least 50 employees within 75 miles.

The Leave Entitlement allows eligible employees to take up to 12 workweeks of leave in a 12-month period for:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care.
- The care of a spouse, son, daughter, or parent who has a serious health condition.
- Select other purposes.

Eligible employees:

- Must comply with their employer's usual and customary requirements for requesting leave and provide enough information for their employer to reasonably determine whether the FMLA may apply to the leave request.
- Should do their best to request leave 30 days in advance of the time the leave will begin.



Covered employers have the right to require the employee to provide certification from a healthcare provider that supports the request for the leave.

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- If the need for leave becomes apparent less than 30 days in advance of the time the leave would begin, employees must provide notice as soon as possible and practicable under the circumstances.
- Are not required to specifically cite FMLA rights when initially requesting the leave.
- May opt to use the 12 total weeks of available FMLA leave on an intermittent basis and used for prenatal appointments, pregnancy-related medical conditions, physical recovery, and infant bonding.
- Must return to work once FMLA leave time has been used.

The Act allows, under certain circumstances, for:

- Employees to opt to use, or “substitute” (run concurrently), accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period in compliance with the employer’s normal leave policy.
- Employers may opt to require that employees use the type of time described previously as long as it is consistent with the employer’s normal leave policy.

Resources

From the U.S. Department of Labor Wage and Hour Division:

- **Fact Sheet #28: The Family and Medical Leave Act**
www.dol.gov/whd/regs/compliance/whdfs28.pdf
- **FMLA Frequently Asked Questions**
www.dol.gov/agencies/whd/fmla/faq
- **FMLA: Fact Sheets**
www.dol.gov/agencies/whd/fmla/factsheets
- **Fact Sheet #28A: Employee Protections under the Family and Medical Leave Act**
www.dol.gov/whd/regs/compliance/whdfs28a.pdf
- **Fact Sheet #28B: FMLA Leave for Birth, Placement, Bonding, or to Care for a Child with a Serious Health Condition on the Basis of an “in loco parentis” Relationship**
www.dol.gov/whd/regs/compliance/whdfs28B.pdf
- **Family and Medical Leave Act Employee Guide**
www.dol.gov/whd/fmla/employeeeguide.pdf



Eligible employees should do their best to request leave 30 days in advance of the time the leave will begin.

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The U.S. Department of Labor's Wages and the Fair Labor Standards Act (FLSA)

The FLSA contains provisions requiring employers to provide reasonable break time for employees to express breast milk as needed for a nursing child for up to one year after the child's birth. Employers also must provide an appropriate place for employees to express milk. That location:

- Cannot be a bathroom
- Must be shielded from view
- Must be free from intrusion from coworkers and the public

Highlights of the U.S. Department of Labor's Wages and the Fair Labor Standards Act (FLSA)

In terms of its relevance to pregnancy, the U.S. Department of Labor's Wages and the Fair Labor Standards Act (FLSA) establishes provisions regarding employers' obligations regarding allowances for employees to express breast milk as needed for a nursing child for up to one year after the child's birth.

The Act requires employers to provide an appropriate place for employees to express milk in a location that is not a bathroom that is shielded from view, and free from intrusion from coworkers and the public.

Be aware that the FLSA does not require an employer to compensate employees for breaks taken in order to express milk. However, employers who do provide compensated breaks must compensate employees who use that break time to express milk in a manner that is consistent with how other employees may be compensated for their breaks.

Be aware that some states have their own provisions governing breastfeeding and that those regulations may differ from the federal statutes; state rules may even provide greater protections than the federal rules. The FLSA does not preempt state rules.

Key resources include the U.S. Department of Labor's Women's Bureau's Employment Protections for Workers Who Are Pregnant or Nursing and the National Conference of State Legislatures' Breastfeeding State Laws.

Additional resources appear as follows and more information is available in the "Breastfeeding and Pumping" section in Chapter 2 of this book.

Resources

From the U.S. Department of Labor's Wages and the Fair Labor Standards Act (FLSA):

- **Section 7(r) of the Fair Labor Standards Act—Break Time for Nursing Mothers Provision**
www.dol.gov/agencies/whd/nursing-mothers/law
- **Fact Sheet #73: Break Time for Nursing Mothers under the FLSA**
www.dol.gov/agencies/whd/fact-sheets/73-flsa-break-time-nursing-mothers
- **Break Time for Nursing Mothers FAQ**
<https://www.dol.gov/agencies/whd/nursing-mothers>



The FLSA requires employers to provide an appropriate place for employees to express milk in a location that is not a bathroom that is shielded from view, and free from intrusion from coworkers and the public.

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- **Break Time for Nursing Mothers under the FLSA (Microsoft® PowerPoint®)**
www.dol.gov/whd/nursingmothers/NM_PPT.ppt
- **Break Time for Nursing Mothers Employee Rights Card**
www.dol.gov/agencies/whd/nursing-mothers/card
- **FLSA Handy Reference Guide**
www.dol.gov/agencies/whd/compliance-assistance/handy-reference-guide-flsa#NursingMothers
- **How to File a Complaint**
www.dol.gov/agencies/whd/contact/complaints

From the U.S. Department of Labor's Women's Bureau:

- **Employment Protections for Workers Who Are Pregnant or Nursing**
www.dol.gov/agencies/wb/pregnant-nursing-employment-protections
- **From the National Conference of State Legislatures:**
- **Breastfeeding State Laws**
www.ncsl.org/research/health/breastfeeding-state-laws.aspx



Appendix 1. Highlights of the 2019 ADA Survey of Parental/Adoption Benefits

A 2019 survey conducted by the American Dental Association (ADA) offers some general information regarding maternity, paternity, parental, and adoption benefits in dental practices of different sizes and practice models. Of those dentists responding to the survey, 11 percent reported having received a request for paid parental leave.

The data in the following chart recaps common pregnancy-related concerns from survey participants:

Concerns Expressed by Respondents Regarding Their Own Pregnancy or That of a Colleague	Female Respondents	Male Respondents
Accommodations for coverage during time off	57%	66%
Having a designated area for breastfeeding/pumping upon returning to work	40%	34%
Ergonomic issues sitting/standing to reach patients	39%	33%
Exposure to nitrous oxide	35%	43%
Exposure to x-ray radiation	31%	44%
Exposure to patients with communicable health conditions	22%	20%
Difficulty reducing the number of hours worked per day	22%	21%

Parental Leave Benefits

Larger practices were more likely than smaller practices to offer a parental leave benefit (either standalone or via short-term disability).

	1-3 Dentists	4-7 Dentists	8-15 Dentists	16-99 Dentists	100+ Dentists
Availability of a parental leave benefit – standalone	30%	28%	35%	38%	44%
Availability of a parental leave benefit – short-term disability	10%	8%	14%	16%	30%

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Reported Length of Typical Maternity/Paternity Leave

While the length of time taken for maternity/paternity leaves varies, the majority of respondents reported that the typical maternity leave was eight weeks or longer and the typical paternity was up to one week long.

Reported Length of:	Typical Maternity Leave	Typical Paternity Leave
0–1 week	1%	34%
2–3 weeks	4%	10%
4–5 weeks	14%	2%
6–7 weeks	27%	5%
8 weeks or more	40%	Not asked
Not available/not offered	14%	49%

In terms of the length of the maternity leave based on the size of the practice, larger practices were more likely to allow for longer leaves.

Maternity Leave	1–3 Dentists	4–7 Dentists	8–15 Dentists	16–99 Dentists	100+ Dentists
6–7 weeks	24%	25%	31%	29%	17%
8 weeks or more	36%	35%	37%	53%	70%

Large practices were also more likely to offer a paternity leave benefit.

	1–3 Dentists	4–7 Dentists	8–15 Dentists	16–99 Dentists	100+ Dentists
0–1 week	28%	31%	37%	54%	39%
2–3 weeks	15%	9%	10%	9%	22%

Accommodating Parental Leaves

Accommodating parental leaves was reported as being a challenge for most employers, especially when the absent employee was a dentist. Responses, without regard for the position held by the person on leave, varied by the size of the practice.

	1–3 Dentists	4–7 Dentists	8–15 Dentists	16–99 Dentists	100+ Dentists
Having other staff members work more hours	57%	53%	63%	66%	65%
Hiring temporary help	49%	71%	54%	50%	39%
Reducing productivity for the length of the leave	31%	24%	31%	29%	30%

Managing Pregnancy

Ability to Utilize Parental Leave Benefit

Overall, the survey's results show parity in terms of practice staff's access to existing parental leave benefits.

	Full-Time Dentists*	Part-Time Dentists*	Hygienists	Dental Assistants	Front Office Staff
Staff's ability to utilize parental leave benefits	79%	51%	89%	96%	95%

* Respondents were given an option of "not applicable (N/A)." If an office did not have any part-time dentists, they were likely to select the N/A option. Seventeen percent of full-time dentists and 34 percent of part-time dentists selected N/A as their response. It is possible that the 17 percent response rate for the N/A option by full-time dentists indicates that those offices have no need for the dentist to take parental leave (that is, the dentists were older than child bearing or adoption age). This N/A option could explain why the dentist numbers were lower.

Short-Term Disability

Of the 39 percent of respondents who answered that their practices offered maternity/parental leave, the benefit was significantly more likely to be offered in larger practices.

	1-3 Dentists	4-7 Dentists	8-15 Dentists	16-99 Dentists	100+ Dentists
Availability of short-term disability insurance	31%	39%	36%	43%	65%

Adoption Benefits

Parental Leave for Adoption

About one-fifth of the respondents (21 percent) reported that their employers allowed time off for adoptions; 38 percent reported that the benefit was not available and 41 percent were uncertain whether their employer offered that type of benefit. The benefit appeared to be most common in the largest group practices.

	1-3 Dentists	4-7 Dentists	8-15 Dentists	16-99 Dentists	100+ Dentists
Employer offers parental leave for adoption	16%	20%	21%	24%	52%
Employer does not offer parental leave for adoption	46%	47%	31%	27%	13%
Don't know if employer offers parental leave for adoption	38%	33%	48%	50%	35%

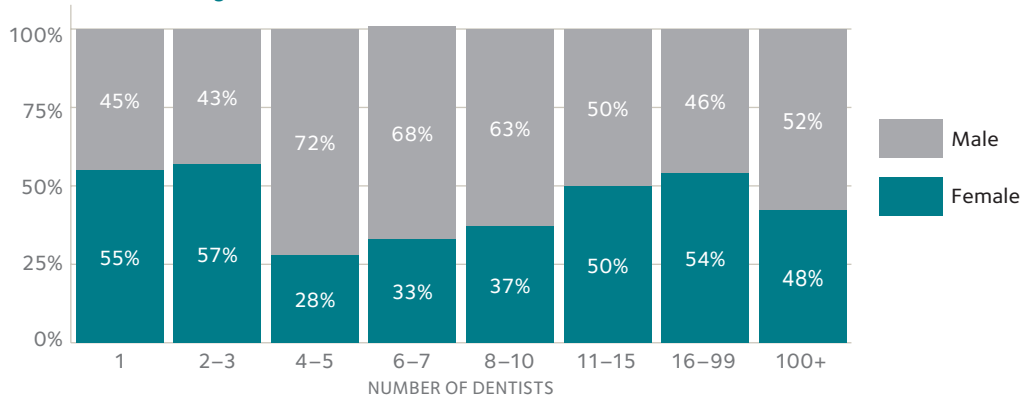
Availability of Financial Assistance for Adoption

Almost no dental offices (80 percent), regardless of size, offer financial assistance for an adoption. Only 1 percent reported the availability of financial assistance for employees adding to their families via adoption and 19 percent were uncertain as to the availability of financial support for adoptions.

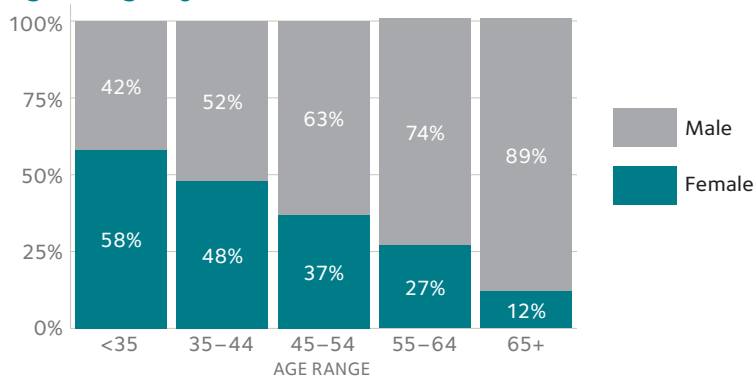


Appendix 2. The 2019 ADA Survey of Parental/Adoption Benefits: General Demographics

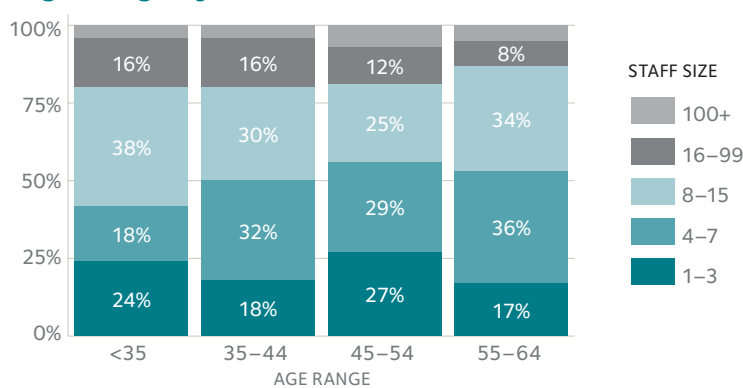
Practice Size by Gender



Age Range by Gender



Age Range by Staff Size



Managing Pregnancy: Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members offers guidance to help dentists integrate practice management and maternity issues. Topics covered include both business operations and pregnancy health and wellness concerns frequently expressed by:

- Practice-owning dentists who are pregnant or planning a pregnancy
- Employee or associate dentists who are pregnant or planning a pregnancy
- Dentists who own practices or manage team members who may announce pregnancies

This book provides information on current relevant federal and state regulations and protections related to pregnancy, including the Family and Medical Leave Act and the Pregnancy Discrimination Act. It also includes information on nitrous oxide and radiation safety during pregnancy, parental and adoption benefits, returning to practice post-pregnancy, stress management, postpartum mental health, nursing and pumping, child care, and more.

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