Overlapping Stigmas of Pregnancy, Motherhood, and Weight: Policy Implications for Employment and Higher Education

Jeanine L. M. Skorinko1*, Angela C. Incollingo Rodriguez1*, and James K. Doyle1*

Abstract
Pregnant women and new mothers experience numerous biases: they are inappropriately touched, less likely to be hired or promoted, paid less, and subjected to a host of stereotypes. Pregnant women and mothers are perceived as warm and maternal, but also incompetent and uncommitted. If they return to work, they are perceived as cold, but still incompetent, and uncommitted. These stigmas worsen when pregnant women are heavier, as weight-based stigmas add additional biases. This article explores the overlapping stigmas of pregnancy, motherhood, and weight in the workplace and higher education. Each has implications for policies. Addressing the stigmas for pregnant women and mothers will increase diversity in the workforce and higher education. The COVID-19 pandemic brings additional pressures on pregnant women and mothers.

Keywords
pregnancy stigma, working parents, employment issues, pregnancy and higher education, weight stigma

Tweet
Pregnant women face stigma across society. Behavioral sciences suggest policies to address this stigma and mitigate its negative consequences, including as we navigate the COVID-19 pandemic.

Key Points
- Stigma toward pregnancy precipitates adverse outcomes across societal domains, contributing to gender disparities.
- Employment and higher education reflect overlapping stigmas toward pregnancy, motherhood, and weight.
- Existing policies do not mitigate the overlapping stigmas.
- Alternative policy recommendations might better address stigma toward pregnancy and mitigate obstacles that pregnant and new mothers face.
- Finally, the context of the current COVID-19 pandemic raises new consideration.

Introduction
Women face a host of interpersonal and professional issues when navigating pregnancy and their postpartum lives. Yet, stigma toward pregnancy and motherhood gets little attention (Goldstein, 2018). Behavioral science highlights these issues and their policy implications, with a focus on three areas: (a) the workplace, (b) higher education, and (c) intersections with weight stigma. COVID-19 also has implications.

Pregnancy and the Workplace
The industrialized working world was not developed for parents, especially pregnant women, as critical periods for pursuing upward career advancement coincide with women’s most fertile years (e.g., 20s–30s). Moreover, traditional working hours (i.e., 9 a.m.–5 p.m.) create conflicts for schooling and childcare. Thus, balancing a family and a career is often difficult. Behavioral science consistently shows that pregnant women and working mothers face the greatest disadvantages. Women engage in much more unpaid work, and the context of the current COVID-19 pandemic raises new consideration.

1Worcester Polytechnic Institute, MA, USA
*All authors made equal contributions.

Corresponding Author:
Jeanine L. M. Skorinko, Department of Social Science and Policy Studies, Worcester Polytechnic Institute, 100 Institute Road, Worcester, MA 01609, USA.
Email: skorinko@wpi.edu
work than men, such as housework, childcare, and elder care (Catalyst, 2017; Gates, 2019; Hoyt, 2010). Women in developed and developing nations spent 2.5 more hours each day on unpaid work than men (International Labour Organization, 2016). Women’s work–life balancing act goes beyond unpaid work, to balancing the workplace and childbearing/rearing.

**Existing Laws**

Initially, the U.S. Supreme Court ruled that discrimination against pregnancy was legal in the workplace (Geduldig v. Aiello, 1974) and that pregnancy discrimination was not sex discrimination (General Electric Company v. Gilbert; see Molnar, 2005). Consequently, in 1978, Congress passed the Pregnancy Discrimination Act to protect pregnant employees. Additional provisions appear in Title I of the Americans with Disabilities Act of 1990 (U.S. Equal Employment Opportunity Commission, 2020). Specifically, pregnancy cannot be a reason to (a) fail to hire or promote, (b) change work assignments, or (c) fire or force a leave of absence. Under the Pregnancy Discrimination Act, employees may also be entitled to accommodations enabling a safe workplace (e.g., work-at-home privileges, altered office furniture, modified schedules). Furthermore, certain pregnancy-related conditions, such as anemia or depression, qualify as a disability as per the Americans with Disabilities Act, allowing accommodations. However, depending on the company’s size (e.g., 15 employees or fewer) or existing policies, employers may not need to accommodate pregnant employees. Other than the Family Medical Leave Act (U.S. Department of Labor, 2020), no other laws protect or support parents in the working world.

**Workplace Bias Still Exists**

Although the Pregnancy Discrimination Act prohibits discrimination based on pregnancy, employment discrimination continues. One reason for bias is the pregnancy-related stereotype of being incompetent, inflexible, needing accommodations, and lacking commitment (Ellemers, 2014; Hebl et al., 2007), which appears at all stages of employment.

**Hiring.** Pregnant women experience more interpersonal hostility when applying for retail jobs than any other type of job applicant (Hebl et al., 2007; Morgan et al., 2013). They also experienced more “benevolent” behaviors (e.g., touching) than non-pregnant women when interacting with others and applying for jobs (Hebl et al., 2007). The situation gets more complicated for pregnant women applying for traditionally masculine jobs. They experience more interpersonal hostility than nonpregnant counterparts, unless they clearly present as counter-stereotypical (e.g., committed; Morgan et al., 2013). Hiring discrimination does not end postpartum. With all other things equal, applicants subtly implying they were mothers (vs. fathers or childless) were less likely to be called for interviews or offered jobs. If recommended for hire, they were offered lower salaries (Correll et al., 2007).

**Workplace environment.** How women are treated while pregnant affects their feelings about the workplace, job satisfaction, and decisions to leave the workplace (Arena et al., 2019). A key factor that influences a woman’s decision to leave the workplace is her experience while disclosing her pregnancy to her employer: Women who are less satisfied with this process are more likely to leave (King & Botsford, 2009). Likewise, the type of help (interfering or enabling) received while pregnant, amount of social support, and amount of self-efficacy felt at work also influence decisions to leave the workforce postpartum (Jaeckel et al., 2012; Jones et al., 2019).

Working mothers are also paid less and receive fewer incentives to return to work, termed a “family penalty,” but fathers are paid more and receive a “family bonus” (Correll et al., 2007). To avoid a penalty, mothers may hide their families from the workplace, but for those who get pregnant or adopt, this may be infeasible. Thus, they are vulnerable to a family penalty.

Sociocultural norms also influence whether women return to work postpartum. Overall, 60% of Americans believe one parent staying home full-time is best for child development (Graf, 2016). This condemns women who return to work postpartum, viewing them as cold, less maternal, and poorer workers (Cuddy et al., 2004; Odenweller & Rittenour, 2017). Yet, behavioral science finds no differences between children whose parents work versus having one stay-at-home parent. For example, children with working mothers are just as happy as those who have stay-at-home mothers (McGinn et al., 2018). In addition, perceptions of women’s ability to manage work and family play a large role in workplace satisfaction and environments. If others or women themselves view work and family roles as conflicting, then balancing work and family feels more difficult and may encourage attrition; however, if others or women themselves view the roles as complementary or mutually beneficial, then balancing work and family feels more enriching and sustainable (Van Steenbergen & Ellemers, 2009; Van Steenbergen et al., 2008).

**Pregnancy and Higher Education**

Higher education offers a unique setting for pregnancy, being governed by federal policies, the Title IX of the Education Amendments Act of 1972 for students, and institutional career ladders for faculty. Also, academic and mentorship relationships coexist with work relationships. This creates potential avenues for support, but also opportunities for pregnancy stigma.

**Student and Faculty Experience**

Twenty-two percent of undergraduates are parents (Reichlin Cruse et al., 2019), and this growing group faces many barriers
to academic success (e.g., childcare, housing, scheduling, transportation; Brown & Nichols, 2012). Moreover, even when institutions do provide services, pregnant and parenting students are often not aware of them (Feminists for Life of America, 2008). This likely contributes to parenting students eventually leaving higher education at nearly double the rate of non-parenting students (National Center for Education Statistics, 2002).

Pregnant and parenting students are also a significant portion of the graduate student population. In a sample of medical students, 40% reported intending to have children during their graduate education (Blair et al., 2016). In the University of California system, at least 12% of graduate students are parents (University of California, 2019). These graduate students face challenges in earning essential career achievements, such as publications, conference presentations, and fellowships (Kulp, 2020). They also worry about faculty and peer reactions, as well as facing microaggressions toward being pregnant while in a doctoral program (Yalango, 2019). In doctoral programs, mothers are 22% less likely than fathers and nonparents to move directly into a tenure-track job after graduating (Wolfinger et al., 2008).

At the faculty level, despite protections via the Family and Medical Leave Act, full-time faculty remain concerned about the impact of pregnancy on their careers. Work–family balance, especially during pregnancy and postpartum, was the most central factor limiting the career success of women scientists (Dean & Koster, 2014). Although benefits may be offered, faculty often decline, to avoid stigma. For instance, the majority of pregnant faculty at the University of California declined a reduced teaching load to avoid disapproval from colleagues (Mason & Ekman, 2007). Perhaps as a result, faculty who become pregnant—particularly early career faculty—face long-term career ramifications. In fact, female faculty who have a child pre-tenure are 20% less likely than men to earn tenure (Goulden et al., 2011).

**Existing Policies**

The primary law that protects the rights of pregnant and parenting students is Title IX (Mason & Younger, 2014). Prior to its enactment in 1972, a majority of U.S. school districts typically expelled pregnant students (McNee, 2013). Now all schools, public and private, must allow pregnant students to continue in classes and extracurricular activities; provide reasonable accommodations (e.g., elevator access); excuse medically necessary absences due to pregnancy; allow students to maintain their status and make up any missed work due to childbirth; and provide the same medical services to pregnant students that they provide to other students with temporary medical conditions. Furthermore, schools must protect students from harassment due to pregnancy or pregnancy-related conditions (e.g., sexual comments, jokes, or gestures). These protections are particularly important for undergraduates, graduate students, and postdocs, as they may not be considered employees under other federal legislation.

Additional national policies aiming to assist pregnant and parenting students have been introduced but not enacted (Brown & Nichols, 2012). Despite the nearly 50-year history of Title IX, more subtle forms of pregnancy discrimination toward students remain common (McNee, 2013). Only California has provided additional protections for pregnant students, requiring colleges and universities to provide students with written policies on pregnancy discrimination and the procedures to pursue complaints (California State Assembly, 2014).

Full-time faculty at colleges and universities receive legal protections provided under the Pregnancy Discrimination Act and the Family Medical Leave Act. In addition, tenure-track faculty are typically offered additional protections designed to minimize the impact of having or adopting a child on progress toward tenure. Although tenure and promotion policies vary widely among institutions, guidelines provided by the American Association of University Professors (2001) provide a basis for common practice, namely, “stopping the tenure clock,” which defers for 1 year a candidate’s (male or female) evaluation for tenure when they take a leave for child bearing or rearing. The policy aims to ensure candidates’ tenure cases do not suffer a penalty caused by lapsed productivity in scholarship, teaching, or service during the most intense period of raising a new child. Tenure committees and administrators are typically instructed to not change their expectations for candidate achievements as result of the “extra” year during their deliberations. However, their ability to truly apply this mental adjustment is open to question and needs research. One longitudinal study of the impact of this policy at a large research university concluded that stopping the tenure clock for family reasons did not have a negative impact on tenure decisions, but it did result in a salary penalty compared with peers who did not stop their clock (Manchester et al., 2013). A more recent study in economics found that these policies produced gender inequity, reducing tenure rates for women but increasing tenure rates for men (Antecol et al., 2018). However, more research needs to generalize these trends.

**Pregnancy and Weight Stigma**

Inherent in the stigma of pregnancy is the stigma of weight, characterized by bias targeting individuals perceived to be heavy (Puhl & Brownell, 2003; Puhl & Heuer, 2009). Although the weight stigma literature has grown considerably, little empirical research has considered the pregnancy context. Yet, the interconnectedness of pregnancy and weight stigmas is multifold. Weight gain is a natural part of most pregnancies, and postpartum weight loss is a common goal. As a result, during pregnancy, weight, weight gain, and the
social perception of both is salient. Second, many women are already vulnerable to weight stigmatization as they enter pregnancy because a quarter of women have an overweight body mass index (BMI) prior to pregnancy, and another quarter have an obese BMI (Branum et al., 2016). These rates seem to be rising, paralleling the increased rates of obesity in the general population (Ratnasiri et al., 2019). Further, negative attitudes toward body weight appear to be the only form of implicit bias that have worsened over recent decades (Charlesworth & Banaji, 2019).

Pregnant women do experience weight stigma, particularly in health care, such as distress discussing weight and feelings of humiliation for their obesity during pregnancy (DeJoy et al., 2016; Furber & McGowan, 2011; McPhail et al., 2016). In a recent study of 501 pregnant and postpartum women, nearly two thirds reported experiencing pregnancy-related weight stigma from at least one source, such as family, doctors, and the media (Incollingo Rodriguez et al., 2020). Moreover, these women reported experiences as often as multiple times a week. These experiences were also associated with several unfavorable health indicators, such as depressive symptoms, psychological stress, unhealthy eating behavior, and retention of weight gained during pregnancy (Incollingo Rodriguez, Dunkel Schetter, et al., 2019). Similarly, weight discrimination has been shown to predict excess gestational weight gain, retention of that weight gain, and depressive symptoms (Incollingo Rodriguez, Tomiyama, et al., 2019).

Pregnancy-related weight stigma is likely relevant to higher education and the workplace. For instance, heavier female undergraduates are more likely to self-fund their education than thinner female students (Incollingo Rodriguez, White, et al., 2019). This disparity applies to graduate studies: The higher their BMI, the less likely female psychology graduate program applicants were to receive an offer (Burmeister et al., 2013). In employment, heavy individuals often report unfair job termination because of their weight (Puhl & Heuer, 2009), and employers harbor negative stereotypes about them (Giel et al., 2010). Pregnant and new mothers also experience weight stigma at work (Incollingo Rodriguez et al., 2020).

Existing Policy

Currently, no anti-discrimination policy for weight specifies pregnant women. While many stigmatized identities—such as race and sexual orientation—have received de-stigmatization and protective policy, weight in general is excluded from nearly all policies. Weight is not protected under Title VII of the Civil Rights Act of 1964. The only federal provision for protection from weight stigma emerged via an amendment to the Americans with Disabilities Act. As of January of 2009, severe obesity (i.e., weight over 100% of the norm) can qualify as a disability and receive disability-related accommodations. However, a small portion of the many targets of weight stigma are protected herein, including pregnant women. For example, an average-height woman must weigh over 300 pounds to qualify. Moreover, this policy does not protect heavy individuals from weight-based prejudice, discrimination, or harassment.

Clearly, federal civil rights protection is lacking, but some states have made strides. Civil rights legislation in Michigan prohibits weight discrimination. Massachusetts also proposed a bill in 2019 to ban weight-based discrimination. However, this bill has stalled. Compounding the issue, certain public health movements take a potentially problematic approach by using fat-shaming to encourage weight loss (Callahan, 2013)—which may actually increase risk of weight gain and obesity (Schvey et al., 2011; Sutin & Terracciano, 2013).

New and Alternative Policies

Behavioral science research clearly shows that existing policies in the United States are not enough to combat bias toward pregnant women, and expanded policy is still needed.

Opt-Out Policies

Women are reluctant to request resources, and often face backlash if they do, especially at work (Tinsley et al., 2009; Wade, 2001). Thus, pregnant women may struggle as they navigate how to request pregnancy-related resources. A promising approach would include a behavioral nudge (Thaler & Sunstein, 2008) to make acceptance the social norm: Instead of requesting or “opting in” to accommodations, women would be automatically granted accommodations (e.g., automatic paid leave or stopping the tenure clock) and instead asked if they want to “opt out.”

National Leave, Childcare, and Health Care Policies

A predominant driver of bias against pregnant women is the lack of federal standardized protective policies in the United States (Feldman et al., 2004; Livingston, 2013). Pregnancy and childcare are costly, especially for low-income women (Economic Policy Institute, 2020; Huynh et al., 2013; Steinour, 2019). Yet, only 60% of U.S. employees have access to unpaid leave, and only 39% have paid leave options (The Council of Economic Advisors, 2014). Moreover, existing policies vary widely. Some companies offer an array of resources, such as up to 16 weeks of paid leave, spaces to pump breastmilk, reimbursements for adoptions or fertility treatments, on-site childcare or childcare subsidy, and flextime or telecommuting. Others offer very few, if any, of these resources (Ferrante, 2018). Standardized national paid leave, childcare subsidies, and more affordable health care policies would minimize financial burdens and stress while maximizing at-home
support, willingness to return to work or higher education, and productivity (Bartel et al., 2018; Rossin-Slater et al., 2013; Steinberg & Rubin, 2014). Standardized protective polices would also benefit employers as they would be better positioned to support and maintain continuity of their entire workforce—regardless of the employee’s financial situation. A review of California’s paid family leave program found that mothers increased their weekly hours at work with the support of the program (Rossin-Slater et al., 2013). Academic institutions would also benefit by less attrition and increased diversity in the student body.

Harassment Policies

The definition of harassment varies by state, but generally includes behaviors—based on the protected category—that a reasonable person would find annoying, threatening, intimidating, or alarming. Pregnant women commonly receive such comments, especially heavier women (e.g., “People at your size shouldn’t have kids”). Therefore, policymakers should reconsider what is defined as harassment and include comments about a woman’s weight or weight change during and after pregnancy as a form of harassment. Special attention should target harassment through the media and social media, as these are commonly reported sources of pregnancy-related weight stigma (Incollingo Rodriguez et al., 2020). Therefore, revising community guidelines on social media platforms for harassment toward pregnancy and enforcing those guidelines may be especially useful.

Environmental Accommodations

Workplaces, education facilities, and public businesses might consider environmental accommodations to benefit pregnant women of all sizes. Handicapped and assistive care restrooms and stalls might be reimagined to also accommodate pregnant women of all sizes. Some retailers block off accessible parking spaces for expecting mothers or families, but pregnant women would benefit from this becoming standardized at all retail, public (e.g., libraries, parks), workplace, and educational locations. Another possibility is for employers to offer pregnant women handicapped parking placards for the duration of their pregnancy and the early postpartum period. Finally, in these locations, private spaces should be available for new mothers to breastfeed, pump, and change diapers.

Safe Disclosures and Social Supports

Procedures should implement mentorship and support structures that make the transition to parenthood a positive rather than stressful time. Policies could model recommended hiring guidelines that allow interviewees to meet with an uninvolved party to ask confidential questions without fear of repercussions (Fine & Handelsman, 2012). Pregnant women, whether employees or students, could benefit from having a similar safe person for disclosing their pregnancy and learning about available resources. This can make pregnant students aware of protections afforded them by Title IX. To bridge gaps between accommodation policies and awareness of them, companies and institutions should also integrate formal mentorship and development plans between senior and junior women. These could be designed to help employees and students with things such as progression, degree completion, and reintegration.

Bias Awareness and Monitoring Biases

Even if formal policies are in place, they are not always successful at preventing stigma. Therefore, simultaneously increasing awareness of the stigmas facing pregnant women, including heavier women, could be useful. This is particularly true in health care as providers admit that they lack training for discussing weight with pregnant patients (Stotland et al., 2010). In turn, patients perceive these interactions as stigmatizing (Dieterich & Demirci, 2020), and nearly one in five pregnant and postpartum women report experiencing weight stigma in health care (Incollingo Rodriguez et al., 2020).

One potential path for alleviating these types of stigmatizing experiences would be to develop or integrate the overlapping stigmas of pregnancy, motherhood, and weight into bias training programs. However, it is unclear how successful bias trainings actually are. Although some bias trainings have seen some success for faculty (Carnes et al., 2015; Moss-Racusin et al., 2014), research also finds that bias trainings have limited longevity and tend to be ineffective in academia and industry (Dobbin & Kalev, 2018; Lai et al., 2016; Paluck et al., in press).

Researchers, funders, and even workplaces should prioritize determining whether trainings and policies are effective or if new biases emerge. Therefore, data on a variety of metrics should be collected and examined often (Penner et al., 2014). Although individual instances may not reveal bias, aggregated data can illuminate when biases or shifting standards occur (Biernat, 2012). By tracking various offers, promotions, course failures, resource utilization, patient outcomes, and so on, researchers, organizations, and institutions can better understand where biases are at play and then make changes accordingly.

Inclusive Policies

Policies need to be inclusive to all identities. They should not assume the presence or gender of a woman’s partner, as heteronormative policies constitute another form of bias toward LGBTQ+ individuals (Richman & Hatzenbuehler, 2014; Röndahl et al., 2006). Accordingly, policies should consider various family formation processes such as adoption,
surrogacy, and fertility treatments. Furthermore, policies must be sensitive to known disparities linked with race and income (Braveman, 2012). For instance, infant and maternal mortality rates are highest among Black women (Centers for Disease Control and Prevention, 2019; Loggins & Andrade, 2014).

**In Light of COVID-19**

As COVID-19 has rapidly affected all areas of life, it is important to consider how the pandemic might disguise or exacerbate pregnancy stigma. First, many companies and educational institutions are making provisions specific to COVID-19 to protect employees and students. For instance, universities have offered students the option to convert a letter grade to a pass or fail and/or added time to pre-tenure faculty’s probationary period to compensate for reduced productivity. However, these policies must not eclipse accommodations pursuant to pregnancy. Some may interpret COVID-19 accommodations as simultaneously fulfilling accommodation needs for women who become pregnant during the pandemic. This interpretation is problematic. For instance, working at home does not eliminate the need for parental leave when the child is born. Addressing this issue now is critical, as the COVID-19 pandemic may already be taking a toll on working mothers. Women are leaving the workplace at a higher rate than men during the pandemic, due to disparities in pay and lack of childcare (Kitchener, 2020)—a trend that will only exacerbate existing disparities over time.

Second, special attention must preempt the risk of intensifying existing pregnancy stigma. Women who become pregnant during the pandemic may be viewed as irresponsible, given the strains created by the pandemic. Likewise, pregnant and postpartum women already face widespread weight-related scrutiny and judgments about their weight harming the baby (Incollingo Rodriguez et al., 2020; Parker, 2014). Compounding this, obesity may exacerbate COVID-19 mortality (Dietz & Santos-Burgoa, 2020). Therefore, heavy women may encounter magnified shaming and blaming for becoming pregnant. Nonetheless, a woman’s pregnancy—whether unintended or chosen, and regardless of her weight—should never be shamed, especially during COVID-19.

**Conclusion**

Pregnant women of all weights, races, ethnicities, sexual orientations, and socioeconomic statuses face disparities that need to be addressed. As the COVID-19 pandemic continues to progress and as the world attempts a return to “normal,” the implications for pregnant women and their well-being must be continually considered.

**Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

**ORCID iD**

Jeanine L. M. Skorinko https://orcid.org/0000-0003-4058-1340

**References**

American Association of University Professors. (2001). Statement of principles on family responsibilities and academic work. https://www.aaup.org/file/Family_and_Academic_Work.pdf

Antecol, H., Bedard, K., & Stearns, J. (2018). Equal but inequitable: Who benefits from gender-neutral tenure clock stopping policies? American Economic Review, 108(9), 2420–2441. American Economic Association. https://doi.org/10.1257/aer.20160613

Arena, D. F., Jones, K. P., Sabat, I. E., & King, E. B. (2019). The intrapersonal experience of pregnancy at work: An exploratory study. Journal of Business and Psychology. Advance online publication. https://doi.org/10.1007/s10869-019-09661-8

Bartel, A. P., Rossin-Slater, M., Ruhm, C. J., Stearns, J., & Waldfogel, J. (2018). Paid family leave, fathers’ leave-taking, and leave-sharing in dual-earner households. Journal of Policy Analysis and Management, 37(1), 10–37. https://doi.org/10.1002/pam.22030

Biernat, M. (2012). Stereotypes and shifting standards: Forming, communicating, and translating person impressions. Advances in Experimental Social Psychology, 45, 1–59. Academic Press. https://doi.org/10.1016/B978-0-12-394286-9.00001-9

Blair, J. E., Mayer, A. P., Cauvet, S. L., Norby, S. M., O’Connor, M. I., & Hayes, S. N. (2016). Pregnancy and parental leave during graduate medical education. Academic Medicine, 91(7), 972–978. https://doi.org/10.1097/ACM.0000000000001006

Branum, A. M., Kirmeyer, S. E., & Gregory, E. C. W. (2016). Prepregnancy body mass index by maternal characteristics and state: Data from the birth certificate, 2014. National Vital Statistics Reports, 65(6), 1–11.

Braveman, P. (2012). Health inequalities by class and race in the US: What can we learn from the patterns? Social Science and Medicine, 74(5), 665–667. https://doi.org/10.1016/j.socscimed.2011.12.009

Brown, V., & Nichols, T. R. (2012). Pregnant and parenting students on campus. Educational Policy, 27(3), 499–530. https://doi.org/10.1177/0885904812453995

Burmeister, J. M., Kiefer, A. E., Carels, R. A., & Mushzer-Eizenman, D. R. (2013). Weight bias in graduate school admissions. Obesity (Silver Spring, Md.), 21(5), 918–920. https://doi.org/10.1002/oby.20171

California State Assembly. (2014). Postsecondary education: Equity in Higher Education Act: Prevention of pregnancy discrimination (California State A. B No. 2350).

Callahan, D. (2013). Obesity: Chasing an elusive epidemic. The Hastings Center Report, 43(1), 34–40. https://doi.org/10.1002/hast.114

Carnes, M., Devine, P. G., Baier Manwell, L., Byars-Winston, A., Fine, E., Ford, C. E., Forshcer, P., Isaac, C., Kaatz, A.,
Dietz, W., & Santos-Burgoa, C. (2020). Obesity and its implications. In J. (2020). Searching for excellence & diversity: A guide for search committees: National edition. Women in Science and Engineering Leadership Institute (WISELI), University of Wisconsin-Madison.

Furber, C. M., & McGowan, L. (2011). A qualitative study of the experiences of women who are obese and pregnant in the UK. Midwifery, 27(4), 437–444. https://doi.org/10.1016/j.midw.2010.04.001

Gates, M. (2019). The silent inequality: Unpaid work. Flatiron Books.

Geduldig v. Aiello. (1974). 417 U.S. 484.

General Electric Company v. Gilbert. (1976). 429 U.S. 125.

Giel, K. E., Thiel, A., Teufel, M., Mayer, J., & Zipfel, S. (2010). Weight bias in work settings—a qualitative review. Obesity Facts, 3(1), 33–40. https://doi.org/10.1159/000276992

Goldstein, K. (2018). The open secret of anti-mom bias at work—New York Times: Opinion. The New York Times.

Goulden, M., Mason, M. A., & Frasch, K. (2011). Keeping women in the science pipeline. The ANNALS of the American Academy of Political and Social Science, 638(1), 141–162. https://doi.org/10.1177/0027124910386695

Graf, N. (2016, October 10). Most Americans say children are better off with a parent at home. Pew Research Center. Retrieved from https://www.pewresearch.org/fact-tank/2016/10/10/most-americans-say-children-are-better-off-with-a-parent-at-home/

Hebl, M. R., King, E. B., Glick, P., Singletary, S. L., & Kazama, S. (2007). Hostile and benevolent reactions toward pregnant women: Complementary interpersonal punishments and rewards that maintain traditional roles. Journal of Applied Psychology, 92(6), 1499–1511. https://doi.org/10.1037/0021-9010.92.6.1499

Hoyt, C. L. (2010). Women, men, and leadership: Exploring the gender gap at the top. Social and Personality Psychology Compass, 4(7), 484–498. https://doi.org/10.1111/j.1751-9004.2010.00274.x

Huynh, L., McCoy, M., Law, A., Tran, K. N., Knuth, S., Lefebvre, P., Sullivan, S., & Duh, M. S. (2013). Systematic literature review of the costs of pregnancy in the US. PharmacoEconomics, 31(11), 1005–1030. https://doi.org/10.1007/s40273-013-0096-8

Incollingo Rodriguez, A. C., Dunkel Schetter, C., Brewis, A., & Tomiyama, A. J. (2019). The psychological burden of baby weight: Pregnancy, weight stigma, and maternal health. Social Science & Medicine, 235, Article 112401. https://doi.org/10.1016/j.socscimed.2019.112401

Incollingo Rodriguez, A. C., Dunkel Schetter, C., & Tomiyama, A. J. (2020). Weight stigma among pregnant and postpartum women: A new context of stigmatization. Stigma and Health, 5(2), 209–216. https://doi.org/10.1037/sah0000191

Incollingo Rodriguez, A. C., Tomiyama, A. J., Guardino, C. M., & Dunkel Schetter, C. (2019). Association of weight discrimination during pregnancy and postpartum with maternal postpartum health. Health Psychology, 38(3), 226–237. https://doi.org/10.1037/heo0000711

Incollingo Rodriguez, A. C., White, M. L., Standen, E. C., Mann, T., Wells, C. R., & Tomiyama, A. J. (2019). Body mass index and educational inequality: An update of Crandall (1995). Stigma and Health, 4(3), 357–363. https://doi.org/10.1037/sah0000149

International Labour Organization. (2016). Women at work: Trends in 2016.
Jaeckel, D., Seiger, C. P., Orth, U., & Wiese, B. S. (2012). Social support reciprocity and occupational self-efficacy beliefs during mothers’ organizational re-entry. *Journal of Vocational Behavior*, 80(2), 390–399. https://doi.org/10.1016/j.jvb.2011.12.001

Jones, K. P., Clair, J. A., King, E. B., Humberd, B. K., & Arena, D. F. (2019). How help during pregnancy can undermine self-efficacy and increase postpartum intentions to quit. *Personnel Psychology*. Advance online publication. https://doi.org/10.1111/peps.12365

King, E. B., & Botsford, W. E. (2009). Managing pregnancy disclosures: Understanding and overcoming the challenges of expectant motherhood at work. *Human Resource Management Review*, 19(4), 314–323. https://doi.org/10.1016/j.hrmr.2009.03.003

Kitchener, C. (2020, May). With no childcare or summer camps women are edged out of the work force. *The Washington Post: The Lily.*

Kulp, A. M. (2020). Parenting on the path to the professoriate: A focus on graduate student mothers. *Research in Higher Education*, 61(3), 408–429. https://doi.org/10.1007/s11162-019-09561-z

Lai, C. K., Cooley, E., Devos, T., Xiao, Y. J., Simon, S., Joy-Gaba, J. A., Roussos, G., Schellhasa, F. M. H., Hu, X., Axt, J. R., Schmidt, K., Marini, M., Shin, J. E. L., Skinner, A. L., Murrar, S., Brauer, M., Calanchini, J., Pedram, C., Marshburn, C. K., . . . Nosek, B. A. (2016). Reducing implicit racial preferences: II. Intervention effectiveness across time. *Journal of Experimental Psychology: General*, 145(8), 1001–1016. https://doi.org/10.1037/00000179

Livingston, G. (2013). *Among 38 nations. U.S. is the outlier when it comes to paid parental leave.* Pew Research Center. Retrieved from http://www.pewresearch.org/facttank/2013/12/12/among-38-nations-u-s-is-the-holdout-when-it-comes-to-offering-paid-parental-leave/

Loggins, S., & Andrade, F. C. D. (2014). Despite an overall decline in U.S. infant mortality rates, the Black/White disparity persists: Recent trends and future projections. *Journal of Community Health*, 39(1), 118–123. https://doi.org/10.1007/s10900-013-9747-0

Manchester, C. F., Leslie, L. M., & Kramer, A. (2013). Is the clock still ticking? An evaluation of the consequences of stopping the tenure clock. *Industrial and Labor Relations Review*, 66(1), 3–31. https://doi.org/10.1177/00197939130660101

Mason, M. A., & Ekman, E. M. (2007). *Mothers on the fast track: How a new generation can balance family and careers.* Oxford University Press.

Mason, M. A., & Younger, J. (2014). Title IX and pregnancy discrimination in higher education: The new frontier. *New York University Review of Law & Social Change*, 38, 209–245. https://heinonline.org/HOL/Page?handle=hein.journals/nyuls38&i=281&div=1&collection=journals

McGinn, K. L., Ruiz Castro, M., & Lingo, E. L. (2018). Learning from mum: Cross-national evidence linking maternal employment and adult children’s outcomes. *Work, Employment and Society*, 33(3), 374–400. https://doi.org/10.1177/0950517017760167

Mcnee, E. (2013). Pregnancy discrimination in higher education: Accommodating student pregnancy. *Cardozo Journal of Law & Gender*, 20, 63–88.

McPhail, D., Bombak, A., Ward, P., & Allison, J. (2016). Wombs at risk, wombs as risk: Fat women’s experiences of reproductive care. *Fat Studies*, 5(2), 98–115. https://doi.org/10.1080/2160851.2016.1143754

Molnar, C. (2005). “Has the millennium yet dawned?” A history of attitudes toward pregnant workers in America. *Michigan Journal of Gender & Law*, 12(1), 163–187.

Morgan, W. B., Walker, S. S., Hebl, M. R., & King, E. B. (2013). A field experiment: Reducing interpersonal discrimination toward pregnant job applicants. *Journal of Applied Psychology*, 98(5), 799–809. https://doi.org/10.1037/a0030404

Moss-Racusin, C. A., Van Der Toorn, J., Dovidio, J. F., Brescoll, V. L., Graham, M. J., & Handelsman, J. (2014). Scientific diversity interventions. *Science*, 343(6171), 615–616. American Association for the Advancement of Science. https://doi.org/10.1126/science.1245936

National Center for Education Statistics. (2002). *Nontraditional undergraduates.*

Odenweller, K. G., & Rittenour, C. E. (2017). Stereotypes of stay-at-home and working mothers. *Southern Communication Journal*, 82(2), 57–72. https://doi.org/10.1080/1041794X.2017.1287214

Paluck, E. L., Porat, R., Clark, C. S., & Green, D. P. (in press). Prejudice reduction: Progress and challenges. *Annual Review of Psychology.*

Parker, G. (2014). Mothers at large: Responsibilizing the pregnant self for the “obesity epidemic.” *Fat Studies*, 3(2), 101–118. https://doi.org/10.1080/21604851.2014.889491

Penner, L. A., Blair, I. V., Albrecht, T. L., & Dovidio, J. F. (2014). Reducing racial health care disparities: A social psychological analysis. *Policy Insights from the Behavioral and Brain Sciences*, 1(1), 204–212. https://doi.org/10.1177/2372732214584830

Puhl, R. M., & Brownell, K. D. (2003). Psychosocial origins of obesity stigma: Toward changing a powerful and pervasive bias. *Obesity Reviews*, 4(4), 213–227. https://doi.org/10.1046/j.1467-789X.2003.00122.x

Puhl, R. M., & Heuer, C. A. (2009). The stigma of obesity: A review and update. *Obesity*, 17(5), 941–964. https://doi.org/10.1038/oby.2008.636

Ratnasiri, A. W. G., Lee, H. C., Lakshminrusimha, S., Parry, S. S., Arief, V. N., DeLacy, I. H., Yang, J.-S., DiLibero, R. J., Logan, J., & Basford, K. E. (2019). Trends in maternal prepregnancy body mass index (BMI) and its association with birth and maternal outcomes in California, 2007–2016: A retrospective cohort study. *PLOS ONE*, 14(9), Article e0222458. https://doi.org/10.1371/JOURNAL.PONE.0222458

Reichlin Cruse, L., Hotlzman, T., Gault, B., Croom, D., & Polk, P. (2019, April). *Parents in college by the numbers.* Institute for Women’s Policy Research.

Rossin-Slater, M., Ruhm, C. J., & Waldfogel, J. (2013). The effects of the millennium yet dawned?” A history of attitudes toward pregnant workers in America. *Michigan Journal of Gender & Law*, 12(1), 163–187.

Röndahl, G., Innala, S., & Carlsson, M. (2006). *Heterosexual relationships and adult children’s outcomes.* Oxford University Press.

Rosen, D. F. (2019). How help during pregnancy can undermine the tenure clock. *Industrial and Labor Relations Review*, 72(4), 1019–1033. https://doi.org/10.1080/21604851.2014.889491

Rosen, D. F. (2019). How help during pregnancy can undermine the tenure clock. *Industrial and Labor Relations Review*, 72(4), 1019–1033. https://doi.org/10.1080/21604851.2014.889491

Röndahl, G., Innala, S., & Carlsson, M. (2006). Heterosexual relationships and adult children’s outcomes. *Journal of Advanced Nursing*, 56(4), 209–245. https://doi.org/10.1111/j.1365-2648.2006.04018.x

Rossin-Slater, M., Ruhm, C. J., & Waldfogel, J. (2013). The effects of California’s paid family leave program on mothers’ leave-taking and subsequent labor market outcomes. *Journal of Policy Analysis and Management*, 32(2), 224–245. https://doi.org/10.1002/pam.21676
