

Managing pregnancy disclosures: Understanding and overcoming the challenges of expectant motherhood at work

Eden B. King^{*}, Whitney E. Botsford¹

George Mason University, Department of Psychology, 4400 University Drive, MSN 3F5, Fairfax, VA 22030, United States

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ABSTRACT

A common, complex, and underexamined aspect of women's experience at work emerges when work and motherhood intersect for the first time; pregnant workers are challenged by the need to manage their impressions and identities. Thus, the purpose of this paper is to propose a model and corresponding propositions for understanding the determinants and outcomes of pregnancy disclosure. We extend stigma theory to the case of pregnant workers and explore the antecedents and consequences associated with timing of expectant status disclosure from the perspectives of pregnant women and their colleagues. We describe negative intra- and interpersonal experiences that may be encountered by pregnant women that may account for their departure from the workforce, thereby providing insight into the issues that may exacerbate (or ameliorate) turnover among working mothers.

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1. Introduction

"Pregnancy, bringing a life into the world, is a normal occurrence...You shouldn't feel ashamed of it, you shouldn't feel like you're different or you're going to lose your job over it or anything else. You shouldn't feel awkward about going to your supervisor about it. If that had been spelled out a little bit more, it would have made things just slightly easier. You know?"

(Interview subject; V. Major, 2004)

Arguably one of the most challenging aspects of many women's employment experiences emerges at the intersection of work and pregnancy, when women and their employers must juggle the physiological and psychological aspects of expectant motherhood with the practical and costly demands of their jobs (Pattison & Gross, 1996). Recent estimates suggest that such situations are common, as 80–90% of women will be employed during their pregnancy (Fried, 2000; Johnson, 2008) leaving 38% of the workforce to experience the transition to motherhood (Williams, Manvell, & Bornstein, 2006). Unfortunately, preliminary evidence suggests that many Americans believe that pregnant employees limit team productivity, should not be hired or promoted, and should be given fewer concessions by organizations (Gueutal & Taylor, 1991; Gueutal, Luciano, & Michaels, 1995). Experimental research confirms these survey results, demonstrating that compared to women who did not appear to be pregnant, women who were ostensibly pregnant were treated with greater hostility when they applied for jobs (Hebl, King, Glick, Kazama, & Singletary, 2007) and received lower performance evaluations (Halpert, Wilson, & Hickman, 1993). Thus, extant research suggests that women will likely encounter negative workplace experiences when they become pregnant.

^{*} Corresponding author. Tel.: +1 703 993 1620; fax: +1 703 993 7289.

E-mail addresses: eking6@gmu.edu (E.B. King), wbotsfor@gmu.edu (W.E. Botsford).

¹ Tel.: +1 703 993 1620; fax: +1 703 993 7289.

This paper will theoretically examine these interpersonal challenges of employee pregnancy from the perspective of stigma theory (Goffman, 1963). Stigma theory highlights the dilemma that individuals who possess concealable, devalued identities encounter regarding when, to whom, and how to disclose that identity, as well as the concerns simultaneously held by their interaction partners. In the case of pregnancy, women may be wary of disclosing their pregnant status at work because they fear being seen as incompetent or uncommitted (Major, 2004). From an expectant mother's perspective, disclosure of pregnancy triggers the negotiation of maternity leave, thereby leading to a range of psychological experiences including potential resentment from coworkers, biased treatment by supervisors, and personal reconsideration of career attitudes and life priorities. However, disclosure is a necessary precondition for receipt of resources such as legal protection and social support. Thus, a dilemma exists wherein pregnant workers may fear (and thus delay) revealing their status, but as a result may be limited in access to genuinely helpful resources.

From the perspective of the coworkers and supervisors of pregnant workers, a direct and early disclosure may facilitate the redistribution of work and resources required during maternity leave. Without such disclosures, colleagues are left to fear awkward moments wherein legal guidelines (e.g., withholding promotions because of upcoming leave) or social norms (e.g., inaccurately attributing weight gain to pregnancy) may be breached. It may be these concerns that fuel resentment and injustice perceptions on the part of pregnant workers' colleagues, thereby creating a hostile environment.

We will first outline a rationale for considering pregnancy as a stigma in the context of the workplace. Next, we will consider the motives and disclosure decisions of pregnant workers and their colleagues. Finally, we will describe the characteristics of organizations that facilitate positive outcomes for pregnant workers and their employers. This paper represents a first step toward understanding and addressing the identity management concerns of expectant mothers and their colleagues.

2. Background

Stigma has been defined as a “distinguishing mark burned or cut into the flesh,” “a mark considered to be abnormal,” and “a mark of shame or discredit.” Such definitions date back to ancient Greece where stigma literally involved a mark branded or cut into the body to depict one as a slave or criminal. In Goffman's (1963) influential book, he defined stigma as an attribute that prevents an individual from full social acceptance. He regarded stigmas as being divided into “discredited” stigmas, or stigmas that are known to others (e.g., being Black, having a physical disability), and “discreditable” stigmas, or stigmas that can be concealed (e.g., a mental illness). Whereas the focus of an interpersonal interaction for one who has a discredited stigma is to normalize the social exchange, the goal of one possessing a discreditable stigma is to manage informational control. Most recently, Crocker, Major, and Steele (1998) defined stigma as an attribute that conveys a devalued social identity. They further asserted that the prototypical features of devaluation include being the target of negative stereotypes, rejected socially, discriminated against, and economically disadvantaged.

Until the last decade, stigma research had focused almost exclusively on the perspective of the stigmatizer (see Swim & Stangor, 1998), investigating issues such as who is most likely to enact discriminatory behaviors and under what conditions. However, contemporary stigma theorists have begun to examine the perspective of targets of stigma, including the factors that lead individuals to perceive discrimination (e.g., token status, identity salience; King, Hebl, George, & Matusik, 2008a) and the consequences associated with such experiences (e.g., self-esteem, performance; Major, Quinton, & McCoy, 2002). However, no previously published research has considered the experiences of pregnant workers from the perspective of stigma theory. The lack of attention to pregnant women as targets of stigma may stem in part from the controversial nature of such a label: Can pregnancy be classified as a stigmatized condition?

2.1. Pregnancy as stigma

On the one hand, becoming a mother can be considered the fundamental, defining characteristic of femininity. From this perspective, pregnant women are fulfilling the expectations of their social roles and should be celebrated and venerated (Eagly, 1987; Glick & Fiske, 2001). Indeed, pregnant women are, “the epitome of the traditional female role...which casts bearing children as a woman's essential function” (Hebl et al., 2007; p. 1499). However, on the other hand, the role and expectations of motherhood are incongruent with the expectations of ideal workers (Ridgeway & Correll, 2004).

Heilman's lack of fit model (1983) provides further explanation for this perceived incongruity as it proposes that an individual's success in a particular job is determined by a comparison of the individual's attributes to the perception of the job requirements (i.e., skills and abilities). The model suggests there is lack of fit between the stereotypically based attributes associated with women (e.g., warmth, communal, nurturing) and the typically male-typed requirements of paid work (e.g., agentic, dominant, competitive). Stereotypes towards a woman are presumably enhanced when she embodies femininity in her pregnant state and therefore increases the perceived lack of fit between pregnant worker and the demands of the job (Hebl et al., 2007). Pregnant workers are perceived to represent the traditional female role and therefore may experience stigma at work. The expected commitment of mothers to their home and families is assumed to detract from their commitment to work (King, 2008). In addition, pregnant women who work may also be viewed as violating the traditional gender role expectations that require devotion to family (Hebl et al., 2007). These opposing expectations of reactions to pregnant women may be reconciled by considering the influence of the situation.

Stigma theorists, from Goffman (1963) to Crocker et al. (1998), recognize the social construction (and context-dependent nature) of social stigma. While a middle-aged white man may not be stigmatized in many contexts, for example, the same identity

may be devalued in the context of a support group for victims of domestic violence (Crocker et al., 1998). In the case of expectant motherhood, pregnant workers may be perceived to be satisfying their gender roles but neglecting their work roles. Indeed, legislators instituted the Pregnancy Discrimination Act (PDA) and the Family and Medical Leave Act (FMLA) to provide guidance regarding the standards of treatment of expectant parents (Kohl, Mayfield, & Mayfield, 2005). It seems such guidance is sorely needed, as pregnancy-related discrimination claims increased 40% in a ten-year period (EEOC, 2006).

These statistics are also supported by empirical research, which confirms that in the context of the workplace, pregnant women face negative stereotypes (i.e., incompetence; Cuddy, Fiske, & Glick, 2004; Masser, Grass, & Nesic, 2007), social rejection (i.e., hostility; Hebl et al., 2007), discrimination (e.g. termination, lack of promotion; Williams & Segal, 2003, and economic disadvantage (Budig & England, 2001). In fact, recent employment policy introduced Family Responsibilities Discrimination (FRD) thereby acknowledging the role of stigma and stereotyping for individuals (e.g., pregnant women, mothers) with family caregiving responsibilities. Although theoretically similar (Ridgeway & Correll, 2004) in that pregnant women and mothers endure incongruent expectations between their social and work roles, the EEOC's recently issued guidance on the treatment of caregivers (e.g., pregnant women and mothers) formally recognizes the similarities in stereotypes encountered in the workplace. Based on these findings, we argue that pregnancy is a stigmatized characteristic in the context of work.

2.1.1. Dimensions of stigma

The nature of the pregnancy stigma is of critical importance in developing an understanding of the experiences of expectant workers. Crocker et al. (1998) argued that one of the major dimensions that best captures the beliefs and experiences surrounding stigmatization is concealability (Crocker et al., 1998), or in Goffman's terms (1963), whether the stigma is "discredited" or "discreditable." Expectant motherhood can be hidden throughout much (and in some cases, the entire length) of pregnancy, suggesting that pregnancy can be considered a concealable stigma. Concealability typically has a complex effect on the targets of stigma (Smart & Wegner, 1999), the primary predicament of which is a constant fear of discreditation should their stigma be revealed (Goffman, 1963). For example, gay and lesbian individuals experience a dilemma of deciding whether, how, and when to disclose their sexual orientation (Griffith & Hebl, 2002; King, Reilly, Hebl, & Griffith, 2008b). Similar concerns regarding disclosure have been reported by individuals with cancer (e.g., Stahly, 1989) and those with HIV/AIDS (for a review, see Law, King, Zitek, & Hebl, 2007). Perhaps more similar to the experience of expectant mothers is the reluctance that some adoptive parents express regarding the disclosure of their familial choices (Carp, 2000; Weir, 2001).

Although these stigmas—cancer, HIV/AIDS, adoption—share the characteristic of concealability with the stigma of pregnancy, there are important distinctions that can be examined. In addition to concealability, stigmas can vary with regard to course, disruptiveness, aesthetic qualities, origin, and peril (Jones et al., 1984). Stigmatization of individuals with cancer derives in part from beliefs that cancer is a death sentence and that patients and survivors represent a "drain" on society (Mellette, 1985). Using Jones et al.'s (1984) labels, cancer is a stigma that has a high degree of peril and a moderate degree of disruptiveness. In line with this, attitudes toward individuals with cancer may include some degree of resentment but perhaps higher levels of pity (Fiske, Cuddy, Glick, & Xu, 2002). The stigma of HIV/AIDS is associated with a similar expectation of peril and disruptiveness, but is quite different in that individuals with HIV/AIDS are perceived to be culpable for their stigma based on perceived personal choices such as intravenous drug use or homosexuality (see Herek & Capitanio, 1999). The origin or source of their stigma is one that is perceived to be personally controllable (Crocker et al., 1998). As a result, individuals with HIV/AIDS tend to be blamed for their condition, which serves to justify and maintain negative reactions toward such individuals (Weiner, Perry, & Magnusson, 1988). Whereas reactions to individuals with cancer and with HIV/AIDS are due in part to perceptions of peril, the stigma of pregnancy may instead be linked with perceptions of disruptiveness and controllability. To the extent that pregnancy is perceived to be disruptive or controllable (as is likely in the context of work), negative reactions (and fears about such reactions) may be enhanced.

In apparent contradiction, both pregnancy and infertility represent stigmatized conditions; indeed, one of the reasons that adoption is stigmatized is that it implies that one or both members of a couple are infertile (see Carp, 2000). Nevertheless, the stigma of adoption may be similar to pregnancy given approximately equivalent expectations of disruptiveness; in either case, new parents are likely to miss work or experience sleep-deprivation. The dimension of controllability may also be shared, as expectant mothers and adoptive parents may be seen as choosing their new roles (although this belief may be stronger for adoptive parents than pregnant women). However, there would often be differences between the aesthetic qualities of the stigmas, as pregnant women's bodies physically change whereas adoptive parents' bodies do not; we would anticipate that the physical nature of pregnancy might draw attention to its stigma in everyday interactions. This set of comparisons suggests that pregnancy is a unique stigma that is characterized by perceptions of disruptiveness, controllability, and specific aesthetic qualities. Of central importance in determining the experiences of pregnant workers, however, is the concealable nature of the stigma; it is this characteristic that creates a disclosure dilemma.

2.2. The target's perspective

2.2.1. Dilemma of pregnancy disclosure

The nature of the pregnancy stigma is of critical importance in developing an understanding of the experiences of expectant workers. As described previously, stigmas vary along multiple dimensions, including course, disruptiveness, aesthetic qualities, origin, and peril (Jones et al., 1984). However, one of the major dimensions that best captures the beliefs and experiences surrounding stigmatization is concealability (Crocker et al., 1998), or in Goffman's terms (1963), whether the stigma is "discredited" or "discreditable." Expectant motherhood can be hidden throughout much (and in some cases, the entire length) of pregnancy, suggesting that pregnancy can be considered a concealable stigma. Concealability typically has a complex effect on the

targets of stigma (Smart & Wegner, 1999), the primary predicament of which is a constant fear of discreditation should their stigma be revealed (Goffman, 1963).

The dilemma of disclosure involves dual (and inherently contrary) motives of authenticity and self-protection. On the one hand, individuals are motivated to be authentic in their interactions in order to maintain and verify their sense of self (Friskopp & Silverstein, 1996) and to build open relationships with others (Creed & Scully, 2000). In addition, it can be challenging to maintain different persona in work and non-work contexts; Ragins (2008) referred to such experiences as “disclosure disconnects” and theorized that being open about one’s attributes (such as pregnancy) at home, while having to conceal this attribute at work, can be stressful and disruptive. On the other hand, concerns about how one is perceived by others are particularly salient in workplace contexts where most employees strive to manage the impressions they make on supervisors, coworkers, and subordinates (Roberts, 2005) and to avoid experiencing discrimination (King et al., 2008a). Preliminary qualitative evidence from an unpublished dissertation (Major, 2004) supports the notion that, like gay and lesbian workers and individuals with concealable physical or mental disabilities, many pregnant women fear disclosing their stigmatized status.

2.2.2. Timing of pregnancy disclosure

The practical challenges of managing pregnancy and work require the disclosure of expectant status for virtually all pregnant workers. The FMLA mandates that employees give 30 days notice for intent to take leave, but the average pregnancy is 270 days. We argue that *when* in those 270 days a disclosure occurs will influence the experiences of expectant mothers. Many women choose to delay disclosure until their second trimester on the basis of concerns of the health of the child; pregnancy disclosure is highly unlikely before fears of fetal abnormalities or miscarriage have been reduced through prenatal testing. At that point, we anticipate that many women are motivated to disclose their expectant status. Therefore, we define delay in disclosure as the number of days after the first trimester wherein the expectant worker does not disclose her expectant status to representatives of the organization (e.g., supervisors, coworkers, HR professionals). Indeed, women are often advised to refrain from disclosing until their second trimester (Fox, 2008). It is important to note that we do not intend the label “delay of disclosure” to be imbued with value; there is nothing inherently good or bad about the number of days a woman waits to disclose her expectant status. Nevertheless, we do anticipate that a unique set of factors may give rise to decisions to delay disclosure, and that such delays can affect meaningful outcomes.

Pregnant women might be motivated to maintain a coherent and authentic sense of self, to build or maintain relationships, to seek accommodations for that identity, or to promote social change (Clair, Beatty, & MacLean, 2005). These processes likely motivate immediate disclosure (in contrast to later disclosure) in service of relieving anxiety associated with maintaining inauthentic and incoherent “passing” strategies (e.g., wearing big clothes, inventing excuses), and allow pregnant women to be true to their identities, increasing their satisfaction with life and work. Despite the inclination to maintain one’s authentic self and engage in early disclosure, delaying disclosure and concealment are prominent strategies used by expectant mothers. In one-on-one interviews, expectant mothers reported putting off disclosures due to concerns and anxiety regarding its receipt (Major, 2004).

Fears about reactions to pregnancy disclosures are likely affected by normative expectations about pregnancy. Social norms are reflections of what people generally do, as well as societal expectations of what people *should* do in a given set of circumstances (see Cialdini & Trost, 1998). Expectations of a normative pregnancy likely involve a young, married woman and a baby conceived through sexual intercourse; this can be contrasted with deviations from these norms such as women who are pregnant and are unmarried, older, or whose pregnancy was conceived through artificial means (e.g., in vitro, surrogacy) (Ellison, 2003; Freed, 1999). Women whose pregnancies are seen as somewhat different from normative expectations may carry a particular fear of disclosing and discussing their pregnancies. In addition to the fears that expectant mothers generally have about coworkers’ reactions to how their pregnancy might impact their work, women whose pregnancies deviate from normative expectations might also fear negative reactions to the nature of their pregnancy. It follows that,

Proposition 1. *The extent to which a pregnancy is characterized by non-normative elements will be positively correlated with delay of expectant status disclosure.*

Delaying disclosure requires the stressful and cognitively depleting task of being constantly vigilant about one’s verbal and nonverbal behaviors (Baumeister, 1989). It follows that expectant workers who conceal their condition likely experience increased stress and negative mood at work. In general, expectant workers may be prone to family-interfering-with-work, as doctor’s appointments or other prenatal preparations may coincide with working hours and therefore disrupt the expectant mother’s work schedule. When they have not disclosed their pregnancy, these disruptions may be particularly problematic with regard to impression management (women may have to come up with false excuses) and with regard to personal stress (such reminders of concealment may increase its salience). Moreover, expectant workers may experience reduced job and life satisfaction, as they are preoccupied with identity and impression management (Roberts, 2005). Compared to later disclosures, earlier disclosures may enable better access to available accommodations and resources that reduce experiences of stress and conflict (i.e., the job demands–resource model; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Disclosure may facilitate requests for time off for doctor’s appointments, allow for flexibility in work hours to accommodate morning sickness, and could even allow access to resources such as family planning classes or health benefits. Disclosure may also be a precondition of social support; colleagues and coworkers efforts to offer psychosocial support will likely be absent without disclosure. Given this, we anticipate that,

Proposition 2. *Delay of expectant status disclosure is negatively correlated with job and life satisfaction, and positively correlated with job stress, negative mood, and work–family conflict.*

2.3. Others' perspectives

2.3.1. Dilemma of pregnancy queries

The coworkers, supervisors, and HR professionals who work with pregnant women encounter a unique set of challenges even before pregnancy has been disclosed. In some situations, the expectant status of a particular woman may be suspected. Despite their best attempts at concealment, young and recently married women who call in sick or gain weight may be targets of such suspicion. The colleagues of these women face a dilemma of whether (and if so, how) to inquire about their pregnant status.

On the one hand, humans are motivated to understand their social worlds and to build relationships with others (Baumeister & Leary, 1995). Knowing about a colleague's pregnancy would fulfill these motives, and might enable supportive responses (e.g., providing social support, recommending formal organizational resources) and facilitate the necessary planning processes. However, on the other hand, inquiring about a pregnancy that may or may not exist is shaky social ground. The recipient of such a query may not actually be pregnant, and may be offended by the insinuation. Alternatively, the recipient may be withholding their pregnant status for a personal or private reason and might feel violated by such a question. The fear of such a social blunder, or "awkward moment" (see Hebl, Heatherton, & Tickle, 2000) is likely to prevent most individuals from directly questioning a woman's pregnant status.

In addition to social fears, formal organizational roles (e.g., supervisor, HR professional) may also give rise to fears of litigation; it may be feared that making a pregnancy inquiry will open the door to claims of pregnancy discrimination. Given these pressures, it is unlikely that the disclosure of pregnancy will be the result of a direct query by one's colleagues. Instead, coworkers, supervisors, and HR professionals may be more likely to use subtle influence tactics (Carli, 1999; Gupta & Case, 1999). For example, coworkers may hint at their suspicions (e.g., "You look especially full of life today!") and supervisors may attempt to reflect their support in subtle ways (e.g., "I know we work hard, but family is still the most important thing at the end of the day"). HR professionals may encourage disclosures through strong marketing campaigns that detail the appropriate procedures for taking maternity leave and advertise family-related benefits. Thus, we expect that the disclosure of pregnancy is within the control of most women, but their suspicious colleagues may attempt to evoke early disclosures.

2.3.2. Timing of pregnancy disclosures

The timing of disclosure likely influences the interactions between pregnant women and their colleagues. Indeed, research has shown that the timing of personal disclosures during interactions affects others' impressions of the discloser (Archer & Burlinson, 1980; Wortman, Adelman, Herman, & Greenberg, 1976). For example, Hebl and Skorinko (2005) found that disabled individuals who disclosed their disability early in an interview were evaluated more positively than those who waited to acknowledge their disability. In the case of pregnancy, coworkers and supervisors are directly affected by impending maternity leave; a pregnant employee's workgroup must redistribute tasks and responsibilities to ensure that required work is completed in the employee's absence. Indeed, many women reported experiencing maternity leave as a conflict management process (Buzanell & Liu, 2007). The timing of pregnancy disclosure may dictate whether there is sufficient time to develop redistribution plans, provide information and training to successors, and agree upon plans for reintegration after maternity leave.

Research on the experience of interactional justice demonstrates the central role of interpersonal treatment in attitude formation (e.g., Bies & Moag, 1986; Bies & Shapiro, 1987; Cropanzano, Prehar, & Chen, 2002). In the case of pregnancy, early disclosure may increase perceptions of fairness, as colleagues may feel included in decision-making processes that affect them. Supervisors or leaders in particular may perceive early disclosure rather than later disclosure as fair, as it may impact how they organize and manage the situation. Perceptions of fairness between supervisor and the pregnant woman are critical, as although maternity is temporary there may be long-term implications for relationships affected by the experience (Makela, 2005). However, the general reactions of resentment and frustration that are sometimes expressed by coworkers of pregnant women (Dolliver, 2000; Minehan, 1996) may be enhanced when disclosures are delayed. In addition, the sooner a person can reveal their pregnancy, the more quickly they might be able to build positive interpersonal relationships with their colleagues. In general, self-disclosure is associated with interpersonal liking and intimacy (see Collins & Miller, 1994), and therefore disclosure of pregnancy might promote socially supportive working relationships. It is important to note that, although the current rationale suggests that early disclosures are helpful overall, there may also be tradeoffs in the form of heightened awareness of personal circumstances which increase distraction or anxiety among coworkers, or make salient the division between workers with families and those without. Nevertheless, we anticipate that earlier disclosures are likely to have positive effects by reducing interpersonal conflicts and facilitating planning for the practical challenges of maternity leave that will affect the workgroup as a whole. Thus,

Proposition 3. *Delay of expectant status disclosure is positively correlated with coworker resentment, and negatively correlated with coworkers' fairness perceptions and interpersonal liking.*

2.4. Organizational implications

2.4.1. Maternal turnover

Of particular importance from the perspective of the organization is preventing the turnover of qualified employees; indeed, employees' decisions to leave are extremely costly to organizations (Ramlall, 2003). According to a recent report from the U.S. Census Bureau (Johnson, 2008), 25% of new mothers quit their jobs immediately before or after childbirth. In addition, 36% of women had not returned to work within 12 months of the birth of their child. These data support anecdotal reports that the

retention of new mothers may be a particular challenge for organizations. We anticipate that this problem may be exacerbated for women who delay disclosure.

When pregnant women experience intrapersonal stress and conflict at work, along with interpersonal resentment and ostracism, they may feel that they do not “fit” with the organization (Katz, 1964). Furthermore, expectant workers who delay disclosure may have less time to develop plans for redistribution of work and for their own reintegration to work after maternity leave. These mothers may experience increased ambiguity in their work role as their responsibilities may have shifted without their knowledge. In addition, expectant workers who delay disclosure may not have had sufficient conversations with supervisors or HR professionals regarding their mutual expectations of the work-life interface upon return to work. Alternatively, women may delay disclosure because of ambiguity about returning to work, or they may delay disclosure because they have already decided not to return to work. Pregnant women may intentionally delay in order to avoid questions or making a decision regarding her plans post-child birth. Feelings of ambiguity or unmet expectations may contribute to mothers leaving the workforce shortly after returning to work (Botsford & King, 2008). That is, the experiences that emerge when disclosure of pregnancy is delayed may enhance their turnover intentions. Thus,

Proposition 4. *The individual and interpersonal experiences of pregnant women when delaying disclosure will be associated with their intentions to quit.*

2.4.2. Reducing fears of disclosure

We have argued that earlier disclosures of pregnancy facilitate positive individual and interpersonal outcomes, which in turn lead to decreased intentions to quit (see Fig. 1). It follows that it is in the best interest of organizations to create a context in which early disclosures are encouraged. Research on the intersection of work and family has shown that family-friendly organizational policies (e.g., flextime, on-site childcare centers) can be associated with reduced stress (Halpern, 2005; Kline & Snow, 1994) and turnover (Batt & Valcour, 2003; Marra & Lindner, 1992), as well as increased morale (Ransom, Aschbacher, & Burud, 1989) organizational commitment (Halpern, 2005; Rothausen, 1999), and even organizational performance (Greenblatt, 2002; Perry-Smith & Blum, 2000). As another example, satisfaction with maternity leave policies was positively correlated with overall job satisfaction in a sample of pregnant women (Brown, Ferrara, & Schley, 2002). Similar policies likely encourage the disclosure of pregnancy, facilitating the positive outcomes outlined previously. That is, organizations and HR practitioners have the opportunity to influence the experiences of pregnant workers through the policies and procedures that are enacted and maintained (see also Pfeffer, 1994).

At a minimum, organizations are required to comply with the FMLA and PDA. The FMLA requires organizations with more than 50 employees within a 75-mile radius to provide 12 weeks unpaid leave per year to new parents who have worked at least 1250 h. The PDA requires that pregnant women receive the same treatment as non-pregnant employees in all aspects of employment. Many companies have instituted policies regarding maternity that supplement these legally mandated procedures (Kohl et al., 2005) such as paid or extended leave, transitions from part-time to full-time, and telework opportunities (Allen, 2001). Preliminary evidence suggests that such policies might facilitate working later in pregnancy and returning to work sooner after maternity leave (Lyness, Thompson, Francesco, & Judiesch, 1999). Greater numbers of such policies likely increase the comfort that women have disclosing their pregnant status; each additional policy adds to organizational support perceptions, normalizing the pregnancy experience and reducing concerns of discrimination. As such,

Proposition 5. *The availability of family-friendly benefits will be negatively associated with the delay of expectant status disclosure.*

One important dimension along which HR policies vary that is likely to impact the disclosure of pregnancy is clarity. Some policies are purposefully broad, so as to meet a wide range of individual needs and desires. These policies might include individually negotiated lengths of maternity leave, or telework opportunities at the discretion of one's supervisor. Furthermore, such policies and practices may also vary with the woman's level in organizations (i.e., wider range of policies for higher levels)

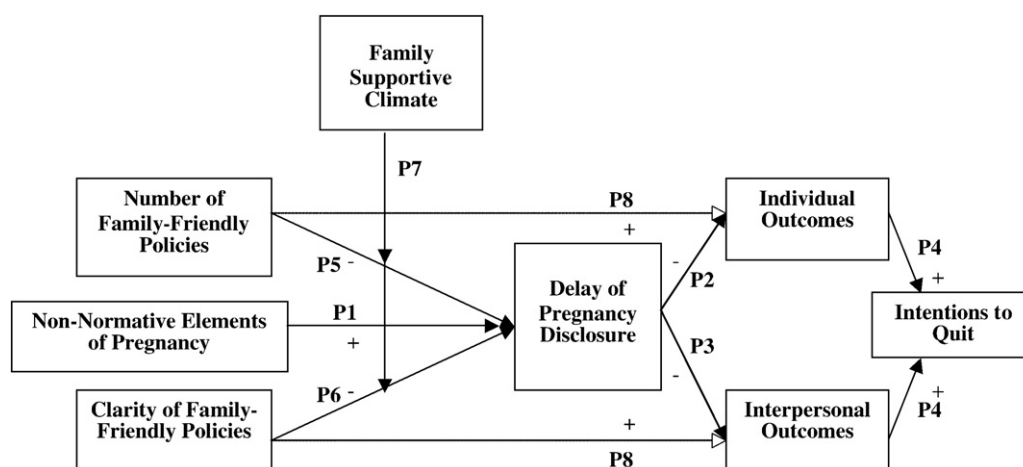


Fig. 1. Model of pregnancy disclosures.

providing more senior women with greater availability of benefits. Other policies are inherently more specific, detailing the standards that apply to all workers in the organization (e.g., a standard length of maternity leave). The former set of policies provides flexibility at the expense of clarity, whereas the latter set of policies dictates clear guidelines without allowing exceptions. Although flexibility is often touted as the solution to work–family conflict (Allen, 2001), ambiguity in expectations can have detrimental effects on affective experiences (e.g., King & King, 1990) and even performance (e.g., Fried et al., 1998). Ambiguity may be particularly problematic for individuals with concealable stigmas, whose experiences are characterized by anxiety that results from uncertainty (Goffman, 1963). We contend that, whereas flexible policies may be preferred by working parents after the births of their children, women may be less likely to disclose their expectant status when there is uncertainty or ambiguity in maternity procedures and policies. Thus, the provision of clear, consistent, and specific policies regarding parenthood may be more likely to reduce uncertainty and encourage disclosure than more flexible policies. It follows that,

Proposition 6. *The clarity of family-friendly benefits will be negatively associated with the delay of expectant status disclosure.*

Although we expect the number and clarity of policies to influence the delay of expectant status disclosures, we also argue a family-supportive climate will influence the effect of policies on delay of expectant status disclosures. Allen (2001), and more recently Premeaux, Adkins, and Mossholder (2007), suggested that the presence of family-friendly policies alone is not enough to influence individuals' attitudes and behaviors. Burke (1999) found that employees who took advantage of policies experienced negative reactions from their coworkers and were perceived to be less dedicated to their career than to their families, supporting the notion that family-supportive policies alone may not provide enough security to, or reduce the fears of, expectant workers. Moreover, the extent to which an organization is perceived to have a supportive climate is determined not only by the formal policies it establishes, but also by informal norms enacted by management and employees (Thompson, Beauvais, & Lyness, 1999). Indeed, managers or supervisors can provide key resources for reducing work–family conflict (Makela, 2005; Premeaux et al., 2007). For example, in a qualitative study of working mothers Botsford and King (2008) discovered instances where the supervisor overrode organizational policies in both supportive and destructive ways. In addition to supervisor support, Premeaux et al. (2007) showed that lower perceived consequences for utilizing family-friendly policies increased job satisfaction and commitment, suggesting that culture (i.e., policies and support) does indeed influence important outcomes for workers. Moreover, fear of negative consequences may be greater in work environments that are not inclusive of pregnant workers (e.g., male sex-typed jobs) or are low in diversity climate (see McKay, Avery, & Morris, 2008) therefore contributing to expectant workers' delay of disclosure.

Supportive climates may be particularly beneficial for expectant mothers, as they may buffer the negative effects of unavailable or ambiguous policies. If an organization maintains a climate that embraces workers' families, expectant workers' fears of the consequences of disclosure may be reduced for several reasons. For example, expectant mothers who work in family-supportive environments may not have to worry that taking advantage of available benefits (e.g., maternity leave) will lead to career or interpersonal consequences, and thus will feel free to disclose their pregnancy without penalty. As another example, role models may be more available to expectant mothers in family-supportive contexts than in less family-friendly organizations. An interview study of working mothers revealed that the presence of women with children in an organization reduced new mothers' anxiety about balancing work and family; the availability of role models meant that expectant mothers did not have to take on the challenge of “trail blazing” (Botsford & King, 2008). Thus, a family-friendly climate may provide supports that encourage women to utilize existing policies, particularly those that are clearly defined, and thus weaken the relationship between number and clarity of family-friendly policies and delay of disclosure.

In addition to the reduction of disclosure concerns through simple observation of successful mothers, family-supportive organizational climates may also create opportunities for the mentorship of expectant workers. Mentoring is an essential development resource for organizations interested in maintaining and improving human capital (Noe, Greenberger, Wang, Ferris, & Martocchio, 2002). Mentors have several roles, including providing supportive environments for which protégés may share issues or problems (Noe, 1988), giving advice, and offering encouragement and praise, that may facilitate pregnancy disclosures. At the same time, it is possible for organizations to mismanage the mentorship process; mentors have the opportunity to foster a welcoming environment for pregnant workers, but may also inadvertently harm pregnant workers by providing poor advice or relying on stereotypic assumptions about the needs of pregnant mentees. Although there is potential for mismanagement of mentorship for pregnant workers, we expect that the more likely outcome is that organizational attention towards such an endeavor will facilitate the creation of an environment that is supportive of disclosure. In summary, the extent to which the climate of an organization is supportive of families will affect interpretations and utilization of formal organizational policies. Thus,

Proposition 7. *Family-supportive climate will moderate the relationship between number and clarity of policies and delay of expectant status disclosure such that delays are reduced when the organizational climate is supportive of families.*

Similarly, while we anticipate that the number and clarity of policies will influence individual and interpersonal outcomes, we also expect that the disclosure of pregnancy may be a more proximal predictor of individual attitudes and interpersonal relationships (see Fig. 1). This is consistent with the rationale that disclosures directly facilitate the instrumental (task-oriented) aspects of managing pregnancy by providing time for planning and work distribution as well as the psychosocial (relations-oriented) aspects of building trust and interpersonal liking. Timing of disclosure will be directly related to how colleagues respond to pregnancy and maternity, and will partially account for the effects of organizational work–family policies. Thus,

Proposition 8. *Delay of expectant status disclosure will partially mediate the relationships between number and clarity of policies and intra-individual and interpersonal outcomes.*

3. Conclusion

Overall, the current paper offers an extension of stigma theory to the case of pregnant workers and proposes a model and corresponding propositions for understanding the determinants and outcomes of pregnancy disclosure. First, the current discussion exposes the previously unexamined issue of pregnancy disclosure and underscores the importance of attention to the timing of such disclosures. Second, we provide insight into the issues that may exacerbate (or ameliorate) turnover among working mothers. Specifically, we describe negative intra- and interpersonal experiences that may be encountered by pregnant women that may account for their departure from the workforce. In addition, we propose that the presence and clarity of human resource practices may be particularly important in determining formative experiences of pregnant workers. Consideration of these issues may help to guide the development of strategies to retain talented women.

3.1. Implications

There are several implications for research and practice in human resource management. First, we hope this paper stimulates both research and conversation on how to better manage pregnancy disclosures. Second, by theoretically grounding and developing pregnancy as stigma in the workplace this paper alerts individuals and human resource professionals to the experiences expectant workers face as well as raises awareness of potential biases at work. Increased awareness of pregnancy as stigma has the potential to create a more socially responsible and inclusive work environment for expectant workers and their families. Finally, a larger implication of this research is that it may help to explain why current data suggest retention of mothers is challenging for organizations (Johnson, 2008). This paper provides insight into bias experienced by expectant workers that may ultimately contribute to mothers' departure from the workplace.

3.2. Future research

Given that the overwhelming majority of women will work while they are pregnant, it is imperative that scholars and practitioners attend to the unique challenges of managing pregnancy at work. Future research should empirically examine the antecedents and consequences associated with timing of expectant status disclosure from the perspectives of pregnant women and their colleagues. It is important to include such multi-source measures in future research in order to capture the perceptions of both pregnant workers (i.e., target of stigma) and their colleagues (i.e., stigmatizers). Of particular interest may be those aspects of pregnancy that are non-normative, including marital status, sexual orientation, or behaviors during pregnancy (e.g., smoking), as well as aspects of the organization in response to non-normative family structures (e.g., family-friendliness toward non-normative families). In addition, particular attention should be given towards distinguishing between antecedents and consequences that are specific to the individual (e.g., non-normative expectations) rather than to the organization (e.g., number of family-friendly policies). Identifying the antecedents that organizations have the ability to influence may provide insight for practitioners on how to facilitate early disclosure and also more appropriately manage disclosures. Finally, when considering the consequences of pregnancy disclosure researchers must collaborate with practitioners in order to appropriately measure “bottom-line” and meaningful outcomes for the organization; such an approach would increase the salience of the issue of managing pregnancy disclosures and could guide efforts to support the effective balancing of pregnancy, family, and work.

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