

Letters to the Editor

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This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

Employment Accommodation Assessments for Pregnant Patients

Original Article: Disability Evaluations: More Than Completing a Form

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See additional reader comments at: <http://www.aafp.org/afp/2015/0115/p102.html>

TO THE EDITOR: We thank the authors for their article on assessing a patient's eligibility for disability benefits. We thought it important to add that family physicians are also often asked to write employment accommodation letters for pregnant patients, because many women continue working while pregnant.¹

Some women may worry about whether a job that includes physical labor puts their pregnancy at risk. Patients may be reassured that prolonged working hours, shift work, lifting, standing, and heavy physical workload are unlikely to be associated with adverse pregnancy and birth outcomes such as miscarriage, preeclampsia, and low birth weight.² However, if a patient develops a pregnancy-related condition, the physician should assess whether the work poses a risk to her health or whether she is able to perform the essential functions of her job. The physician should then determine whether the patient needs to take leave from work or receive accommodations. In many cases, the accommodations are similar to what would be requested for any employee with a medical condition (e.g., women with gestational diabetes may need time to check their blood glucose levels and eat a snack).

It is key for the physician to compose a well-worded letter to the patient's employer demonstrating that the pregnancy-related condition meets the guidelines of the Americans with Disabilities Act. Certain restrictions may make it impossible for a patient to perform the essential functions of her job. For example, if a pregnant medical transcriptionist with carpal tunnel syndrome cannot type because her condition has not responded to

wrist splinting and other therapies, she would need to be assigned other work duties or, if no other job is available, take a leave of absence.

It is important to delay the leave until medically necessary. The Family and Medical Leave Act requires that the employer protect the employee's job for only 12 weeks of unpaid leave. If the employee cannot return to work after 12 weeks, the employer is not required to reinstate her. Physicians should ensure that the timing of the leave is planned with this in mind, especially because the patient may want to save the bulk of her leave for the postpartum period.

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2. Palmer KT, Bonzini M, Bonde JP. Pregnancy: occupational aspects of management: concise guidance. *Clin Med*. 2013;13(1):75-79.

Correction

Incorrect feeding position for infants. The article "Common Questions About Outpatient Care of Premature Infants" (August 15, 2014, p. 244) contained an error in the third sentence of the third paragraph of the evidence summary for the section titled "How Should Gastroesophageal Reflux in Premature Infants Be Managed?" (page 245). The article incorrectly recommended that infants be fed in a reclined position to minimize gastroesophageal reflux. The sentence should have read, "Feeding should occur in the seated or semi-reclined position to minimize reflux." The online version of this article has been corrected. ■