

*GMEC approved April 16, 2026*

**PURPOSE:**

To comply with the Federal Pregnant Workers Fairness Act in providing reasonable accommodations for Residents who are experiencing pregnancy, childbirth, or related medical conditions so that they may maintain their health and avoid negative consequences while participating in their Residency Programs.

**DEFINITIONS:**

1. "Pregnancy" and "Childbirth" – the pregnancy or childbirth of a Resident include but are not limited to: (a) current pregnancy; (b) past pregnancy; (c) potential or intended pregnancy (which can include infertility, fertility treatment, and the use of contraception); (d) labor; and (e) childbirth.
2. "Related medical conditions" – medical conditions relating to the pregnancy or childbirth of a Resident which include, but are not limited to: (a) termination of pregnancy (miscarriage, stillbirth, or abortion); (b) ectopic pregnancy; (c) preterm labor; (d) pelvic prolapse; (e) nerve injuries; (f) cesarean or perineal wound infection; (g) maternal cardiometabolic disease; (h) gestational diabetes; (i) preeclampsia; (j) HELLP (hemolysis, elevated liver enzymes, and low platelets syndrome); (k) hyperemesis gravidarum; (l) anemia; (m) endometriosis; (n) sciatica; (o) lumbar lordosis; (p) carpal tunnel syndrome; (q) chronic migraine; (r) dehydration; (s) hemorrhoids; (t) nausea or vomiting; (u) edema of the legs, ankles, feet, or fingers; (v) antenatal or postpartum anxiety, depression, or psychosis; (w) frequent urination; (x) incontinence; (y) loss of balance; (z) vision changes; (aa) varicose veins; (bb) changes in hormone level; (cc) vaginal bleeding; (dd) menstruation; and (ee) lactation and conditions related to lactation (low milk supply, engorgement, plugged ducts, mastitis, or fungal infections).

**POLICY:**

1. UMKC SOM shall provide reasonable accommodations for a Resident who has communicated, verbally or in writing, to the Resident's Program Director ("PD") that the Resident has a physical or mental condition related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition ("Limitation").
  - (a) The communication to the PD may be made by the Resident or the Resident's family member, friend, health care practitioner, or other representative.
  - (b) Accommodations shall be made on a case-by-case basis, and may be for a Limitation that is significant, modest, minor, and/or episodic.
2. The PD shall engage in an interactive process with the Resident/Resident's representative to identify the Limitation and what adjustments or changes the Resident is requesting to accommodate the Limitation.



- (a) The interactive process shall be kept confidential except when information needs to be shared with others on a need-to-know basis, such as the DIO, UMKC Office of Title IX and Equity, and University legal counsel.
  - (b) The discussion with the Resident/Resident's representative shall be documented on Exhibit A, "Request for Accommodation Related to Pregnancy, Childbirth, or Related Medical Condition."
  - (c) If a Limitation is not obvious or requires only simple accommodation, e.g., water on hand, alternate sitting/standing, or lactation time, the PD may require the Resident to provide a self-confirmation statement confirming the Limitation that:
    - (i) confirms the physical or mental condition;
    - (ii) confirms that the condition relates to, is affected by, or arises out of pregnancy, childbirth, or a related medical condition; and
    - (iii) describes the adjustment or change needed due to the Limitation and the estimated length of time for the adjustment/change.
  - (d) If the Resident fails to provide the requested self-confirmation statement, or if the PD needs further information to understand the Limitation, the PD shall notify the DIO who will discuss the matter with the PD and determine if the Resident should be referred to the to the ADA Coordinator in the UMKC Office of Equity and Title IX.
  - (e) Reasonable accommodation shall be discussed with the Resident/Resident's representative.
  - (f) The Resident is not required to accept accommodation; however, if the Resident rejects accommodation and wants to discuss other accommodation options, or is unable to fulfill the Resident's duties due to the Limitation, the PD shall notify the DIO who will refer the Resident to the ADA Coordinator in the UMKC Office of Equity and Title IX.
  - (g) If the Resident's Limitation may be a "disability" under the Americans with Disabilities Act ("ADA"), the PD shall notify the DIO who will refer the Resident to the ADA Coordinator in the UMKC Office of Equity and Title IX.
3. Examples of reasonable accommodation for a Limitation include, but are not limited to:
- (a) Breaks
  - (b) Sitting/standing
  - (c) Health related appointments
  - (d) Schedule changes
  - (e) Modifications to the work environment



- (f) Lifting limitations
  - (g) Leave of absence (may use paid vacation or sick days or take an unpaid LOA; additional paid LOA is not required).
4. Break time for nursing Residents
- (a) Reasonable break times shall be provided for a Resident to express breast milk each time the Resident has the need to express the milk.
  - (b) Reasonable break times to express breast milk must be provided for one (1) year after the child's birth.
  - (c) A place other than a bathroom that is shielded from view and free from intrusion from others must be provided for a nursing Resident.
    - (i) If the place is not dedicated to nursing, it must be available when needed by the Resident.
5. The PD shall not take any adverse action against a Resident who requests or receives accommodation for a Limitation.

**Administered By:**

A handwritten signature in black ink that reads "Phil Byrne". The signature is written in a cursive, flowing style.

Phillip D. Byrne, EdD  
Associate Dean of Graduate Medical Education

**References:**

1. Pregnant Workers Fairness Act, 29 C.F.R. Part 1636
2. University of Missouri System Policy, HR-521, Break Time for Nursing Mothers



**EXHIBIT A**

**REQUEST FOR ACCOMODATION RELATED TO PREGNANCY,  
CHILDBIRTH, AND RELATED MEDICAL CONDITION**

1. Resident Name: \_\_\_\_\_
2. Requested Dates: \_\_\_\_\_
3. Limitation(s) (physical or mental condition related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe Interactive Process (e.g., with whom discussed; what accommodations discussed; what accommodations accepted/rejected; anticipated length of time for accommodations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Self-Confirmation Statement Requested:     YES     NO

(Attach what provided)

6. Referred to DIO:     YES     NO

Reason referred: \_\_\_\_\_

7. Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_

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