

The Pregnant Pilot: The Importance of Educating Ourselves, Our Doctors, and Our Airlines to Effecting Policy Change

Like many working pregnant women, I suffered from pregnancy-related symptoms and worried about how being pregnant would affect my ability to perform my job. Like them, I wondered how to deal with these unpleasant symptoms while at work and sought guidance from my doctors, co-workers, and company about when it would be necessary to stop working. When would it be unsafe for me and my unborn baby (and for those who rely on my service) to continue to do my job? The main difference between myself and most working moms-to-be was not the symptoms but our professions. For a pregnant pilot, routine pregnancy-related symptoms cannot always be handled in the cockpit in the same manner as they can be handled in an office (“Take a lav break to throw up again, Captain. We don’t need two of us up here on this CAT 2 approach anyway! Did I mention the latest weather report in Halifax is below mins, braking action is reported poor, and the most wind-favorable runway is NOTAMed closed? By the way, I just finished IOE last week, so...”)

Each of my two airline pregnancies was unique; the commonality between them was my frustration about the lack of knowledge regarding the risks associated with flying pregnant (80-100 hours a month for 8 months as a pilot, not a trip here or there as a passenger) and also the dearth of any significant guidance from both my doctors and my company about how to handle that strange entity: The Pregnant Pilot. The most significant challenge I faced while flying pregnant was not the physical symptoms and complications associated with pregnancy but rather the stress associated with going out on pregnancy-related medical disability. After speaking with many pilots who are or have been pregnant, I have discovered (unfortunately) that I am not alone in my frustration. (*See Footnote #1)

In a litigious country like ours, people (and companies) are very careful not to tell a woman what she can and cannot do; doing so would trample our rights. Because of this, pregnancy guidelines at many airlines (mine among them) dictate that the decision to stop flying be left to the individual pilot and her doctor. I know pilots who went out on leave in the first trimester (usually due to severe morning sickness) and others who worked well into their eighth month. Each individual, and each pregnancy, is different. Unfortunately, the broad policy which is currently in place at many airlines (regional and major alike) only works if doctors are well-informed about what it is that we, as pilots, do on a daily basis. (Further complicating this is the fact that pilot jobs are not one-size-fits-all. Regional pilots, long-haul cargo pilots, and military fighter pilots all have very different jobs with different risk factors. *See Footnote #2) Based on my personal experience, many doctors are not very familiar with what we, as pilots, do. Even worse, many refuse to entertain an open and medically-based discussion regarding flying while pregnant. In the interest of safety for ourselves (and our unborn babies), our passengers, our companies, and our fellow crewmembers, we need to educate ob-

gyns about our profession so that they can give us sound medical advice about how far into a pregnancy we can fly. (*See Footnote #2)

My Story: A Tale of Two Airline Pregnancies

After two years of trying, I became pregnant with my oldest daughter a week after having surgery to remove a benign brain tumor. As it turned out, the timing was perfect: for the first 3-4 months, I threw up every day. (Morning sickness? More like all-day sickness!). Fortunately, I was still out on medical leave, so I didn't have to worry about how I would handle it at work. The FAA finally re-issued my medical as I entered my second trimester. Upon completing requalification training, I quickly made up for lost time. Realizing my earning potential would be limited in the coming months, I picked up as many trips as I possibly could (scheduling was short-staffed coming into the summer months; they loved me!). I returned home at night, exhausted, to wash my one maternity shirt and grab a few hours of sleep. Other than being tired from a (self-induced) grueling schedule, I felt great. Then I entered my third trimester.

At seven months' pregnant, I went out on pregnancy-related medical disability. I was getting bigger and more uncomfortable every day and could not get a good night's sleep because I could not find a comfortable sleeping position to accommodate my growing belly. Every day, I was fatigued. In addition, I had to pee all the time! To minimize frequent trips to the lav (not to mention multiple apologies to my First Officers and Flight Attendants-and weird looks from passengers), I unintentionally dehydrated myself. When I was on a trip, I would go an entire day on a single cup of coffee. (Yes, caffeine is bad for the baby, I reasoned, but a cup a day on working days is better than falling asleep and getting into an accident!) Even still, I found myself having to use the lav at least once on even the shortest flight (during requal OE, when I told my very nice and supportive Line Check Airman that I needed to use the lav on a EWR-BDL leg, he responded, incredulously, "Seriously? It's 40 minutes!" Note: He was not married; I found that crewmembers with kids were especially empathetic because most remembered how often their wives had to use the bathroom while pregnant!)

In addition to fatigue and general discomfort, I was dealing with the mental stress of other pregnancy-related complications as well. By the third trimester, the ovarian cyst that initial second-trimester tests revealed to be likely cancerous had thankfully turned out not to be. At this point, the high risk specialist I saw bi-monthly was less concerned about the placenta previa I had and more concerned about the low quantity of amniotic fluid; he implored me to keep myself well-hydrated. (Right, I thought. I was already getting up every 15 minutes to use the lav. With the security concerns regarding opening the cockpit door so often, I couldn't do my job safely if I drank more!).

At six months' pregnant, I attempted to have a discussion with my doctor about when to stop working. I outlined some of the issues I was dealing with at work (the

same ones I mentioned here), and I was met with this response (arms crossed in front of her, eyeing me either condescendingly or suspiciously, or maybe both): “Pregnancy is not a disability. There are plenty of women who go to work until the day they deliver.” (*See Footnote #3) She refused to sign the paperwork and told me I could fly until two weeks prior to my delivery date. (I did not even get a chance to bring to her attention the safety-related issues associated with my rapidly growing abdomen: emergency egress, flight control interference, etc.) Rather than listening to me and working with me, she treated me with obvious hostility-as if I was a lazy person just trying to get out of work. (In fact, that was as far from the truth as it could be. Did she know I logged 100 hours last month!?) In the end, I switched doctors and went out at 7 months’ pregnant. (My second doctor quelled any discussion. Signing the paperwork without even glancing at it.)

My second pregnancy was much the same; I threw up every day, all day, and felt nauseous and exhausted most of the time. I used up all my sick time and went on a trip, still not feeling well. I called my ob-gyn in between flights because I was spotting. She told me to go to the ER immediately, but I was not in base so I finished my flights and went to the ER on my short overnight. After six hours of waiting and testing, the ER doctor told me I had suffered a “threatened miscarriage.” When I asked if there was any possibility of it being a viable pregnancy, he said no. By the time I got to the hotel I only got two hours of sleep before our early morning van arrived (not that I would have slept well even if I had more time, given the news.) I flew back to EWR with my hospital discharge paperwork in hand, spoke with my Chief Pilot, and called out sick for the rest of the day (although by this time I had no sick time left). (Luckily I had vacation after this, so I spent the rest of the first trimester puking on the beach instead of in an airplane.) As is evidenced by my blonde 10-month old, it turned out to be a viable pregnancy, and by the second trimester I felt better.

In the end, I went out on medical leave earlier during my second pregnancy. I gained weight more quickly than with the first and my belly was bigger sooner the second time around. Coming into land on a particularly windy day, the yoke hit me so hard in the stomach that it made a mark. Alarmingly, the baby stopped moving. After we taxied to the gate, I called my ob-gyn who told me to go to the ER (but it was not practical since I was in Canada on a turn). I flew, very worried, back to Newark. Luckily the baby moved several hours later. At my next ob-gyn appointment, my impersonal, don’t-discuss-just-sign-paperwork doctor signed the obligatory medical paperwork.

Inspired by the positive experience of a fellow ISA member (referenced in Footnote #3), I decided to share my experience flying pregnant in the hopes that other women will speak up about their experiences, good or bad. In order to develop a sound airline policy for pregnant pilots, we need our doctors (and our companies) to be well-educated about the risks of flying pregnant. Since many companies leave the decision about how far into a pregnancy to fly to an individual and her doctor, it is imperative that both the pregnant pilot and her doctor are well-educated on the

risks and issues specific to her pregnancy and work circumstances. In speaking with many women over the past few years, I have discovered that many (most, it seems) doctors are unaware of the unique challenges faced by the pregnant pilot. (I have also found that many pregnant pilots take what their doctors say to be the truth-problematic when most are unfamiliar with what we do.)

In order to facilitate an open discussion with her ob-gyn (and so make the decision that best suits her pregnancy), I believe it would be helpful for a pregnant pilot to be able to print a union or company-backed (generic but medically-based) "flying as a pregnant pilot: considerations" document to take with her to her first ob appointment. (The form would address topics/challenges such as fatigue, hypoxia, hydration, nutrition, etc. and relate them to a pregnancy within the confines of an airline schedule/environment.) To a doctor, such a universal form may have more legitimacy than an individual pilot's "research" (as I shared earlier, the questions and concerns I had were received with much hostility by my doctor before she completely dismissed them and treated me as a wannabe free-loader). I have discussed the idea with my union's Medical Committee. It is my hope that in the coming months we will have a short, medically-backed Q&A available to print from our union's website. (Considering how long women have been flying and having babies, I am surprised such a document does not yet exist).

It is also my hope that eventually airline policy (and unions' Long-Term Disability Plans and associated paperwork) will reflect the realities of flying pregnant. For example, it is no secret that many women suffer from morning sickness. Pregnant pilots should not be forced to fly if they are sick, but neither should they be forced NOT to fly if they feel better at a point later in a pregnancy (as was the case with my friend). An enlightened LTD policy would make an allowance for a pregnant pilot who is suffering from morning sickness to go out on paid leave temporarily as long as the sickness persists (usually the first trimester) and to resume flying when she feels better. In addition to being beneficial to the pregnant pilot, a sound policy which reflects the unique realities of flying pregnant would also be beneficial to airlines and unions in regards to finances and safety. (We have not yet had an airline accident attributed to a pregnant pilot becoming incapacitated at a crucial time, but should that happen, policy would very quickly change. I hope an accident is not the impetus for this change.) If policy allowed pregnant pilots who would otherwise have medicaled out for an entire pregnancy based on first-trimester illness to resume work when they felt better, it would be a win-win (win) for the pilot, the company, and the union. The airline and union would save money by having a productive crewmember for additional months (and the union and pilot group would avoid the unnecessary additional financial burden of supporting a pilot who is medically fit to fly but forced to remain on leave). In order for these changes to occur, it is important that we be willing to speak up and share our experiences rather than being made to feel ashamed about being pregnant as a flight crewmember.

FOOTNOTES:

1. A friend of mine (also a regional airline captain) suffered from debilitating morning sickness during her first pregnancy. Finding no support whatsoever from her company or doctor but unable to perform her job safely, she was forced to go to her AME and explain the situation. He found she was unfit to fly; the FAA revoked her medical certificate. Since he was not her primary doctor, he could not fill out the required paperwork which would allow her to be paid from the union's Long-Term Disability plan (a fund which she paid into with her union dues). She went out on unpaid leave. Like many pregnant women, she felt much better during her second trimester and wanted to resume working; however, she was unable to get her medical back in a timely manner (typical government red tape). She was forced to remain on unpaid leave until her ob-gyn finally agreed to sign the paperwork at 8 ½ months' pregnant.

2. Research has shown that cosmic radiation is higher over the poles and above certain flight levels (international, long-haul pilots and some military pilots fly over the poles and at higher altitudes as compared to pilots flying domestic.) Although there has not been a comprehensive study on the effects of cosmic radiation on the pregnant female pilot, there is compelling evidence to suggest that long-term exposure to cosmic radiation may increase a person's cancer risk and (for the pregnant pilot or flight attendant) cause spontaneous abortion-usually in the first trimester.

3. A fellow ISA member (and long-haul, international cargo pilot) had a completely different experience with her very supportive and open ob-gyn. (In fact, she was the inspiration for this article.) She did a lot of research about the risks of her specific type of flying to a developing fetus. She presented her findings to her doctor and together they decided (based upon her research) that it would be best for her to stop flying during her first and third trimesters. (She flew throughout her second trimester, when the risk factors were minimal.)