



Standard Operating Procedure (SOP): Pregnancy in Research Laboratories

1. Background

There is substantial evidence showing that more diverse teams produce more innovative work and have higher citation rates. Yet, despite receiving approximately half of the science, technology, engineering, and math degrees, women are increasingly underrepresented as career stages advance, particularly during the time when many women have children. For pregnant laboratory workers, the uncertainty of the risks and challenges related to childrearing while working in a research laboratory are part of the problem. Also, pregnant researchers may not want to disclose their pregnancy until a later stage, leaving the task of identifying and assessing risks to the pregnant researcher themselves. This may lead to unintentional exposures to hazardous substances during early pregnancy, which is often a more vulnerable time for miscarriages and birth defects.

2. Purpose

To ensure a safe, respectful, and supportive work environment for pregnant and potentially pregnant laboratory personnel by outlining procedures, responsibilities, and risk mitigation strategies.

3. Scope

This SOP applies to all research laboratories at the University of New Mexico, including faculty, staff, postdocs, students, and visitors who are pregnant or planning pregnancy and are working with or around potential reproductive hazards.

4. Guiding Principles

- Pregnancy is a protected condition; workers must be empowered—not penalized—for prioritizing safety.
- Risk is a function of hazard, exposure, and vulnerability.
- Voluntary disclosure is respected; however, early notification enables effective risk mitigation.
- Supervisors are obligated to support accommodations without discrimination or retaliation in accordance with University Policy 2760.

5. Responsibilities

Pregnant or Potentially Pregnant Worker

- May voluntarily disclose pregnancy status.
- May request a Hazard Assessment review at any time.
- May access this SOP without disclosing their condition.

Supervisors/Principal Investigators

- Ensure all lab personnel are trained on this SOP.
- Collaborate with EHS and worker to assess risks and find safe solutions.
- Respect confidentiality and initiate no changes without collaboration.

Compliance, Ethics, & Equal Opportunity (CEEEO)

- Ensures compliance with laws protecting pregnant workers from discrimination.
- Investigates concerns related to unequal treatment, retaliation, or denial of reasonable accommodations.
- Provides confidential support and guidance if an employee feels their rights have been violated.

Environmental Health and Safety (EHS)

- Offer confidential consultations, even without disclosure.
- Facilitate risk assessments and develop custom mitigation plans.
- Coordinate with RSO when a declared pregnancy involves radiation exposure.

Employee Occupational Health Services (EOHS)

- Provide consultation to pregnant employees by request.
- Assessment of symptoms that may be due to a workplace exposure.

Student Health and Counseling (SHAC)

- Provide consultation to pregnant students by request.
- Assessment of symptoms that may be due to a workplace exposure.

Radiation Safety Office (RSO)

- Monitor radiation exposure if applicable.
- Ensure the worker receives information on fetal monitoring and dose limits if applicable.

Biosafety Office

- Offer consultations for biological agent concerns if applicable.

6. If You're Pregnant or Planning Pregnancy — What to Do

Finding out you're pregnant (or planning to be) while working in a lab can feel overwhelming. Here's a simple path to help you stay safe:

Step 1: Get Informed (You don't need to tell anyone to start taking care of yourself.)

- Read this SOP and the Chemical Hygiene Plan.
- Check chemical SDS to see if a material is a carcinogen, toxic, or teratogen.
- See if there is information on the exposure pathway, i.e. respiratory or skin and plan to protect yourself or choose not to work with a material.
- Avoid working with heavy metals such as lead, mercury, cadmium, etc.
- Avoid work involving endocrine disruptors.
- Consult with your healthcare provider, EOHS, SHAC, or your OB-GYN/Midwife, about the work you are performing in the lab.
- Talk to CEEO about necessary accommodations.
- You can talk privately with EHS even if you don't want to disclose a pregnancy.

Step 2: Consider Sharing (Optional)

- If you're comfortable, tell your supervisor or EHS. It's your choice.
- If you do, you'll be offered a Hazard Assessment to assess risks and make adjustments.

Step 3: Hazard Review

- EHS, your supervisor, and you will work together to look at lab materials, tasks, and work conditions.
- You'll talk about chemical, physical, and emotional stressors and how to reduce them.

Step 4: Make a Plan

- The team will come up with safe work options—like switching tasks, adjusting schedules, or using special PPE.
- Everything is written down and kept confidential.

Step 5: Ongoing Support

- You can ask for check-ins or changes anytime.
- Radiation exposure (if relevant) will be tracked to ensure it stays well below safety limits.

Step 6: Be Aware & Stay Informed

- Exposures in the lab are compounded by additional exposures over one's lifetime, and fetal windows of vulnerability have yet to be identified for many hazards.
- Multiple exposures can occur simultaneously, often with unknown combinatorial effects including antagonistic, additive, or synergistic interactions.

- Each person's unique entire lifetime environmental exposures from conception onward, is important to better assess and predict potential effects on pregnancy and child health.
- Increased baseline vulnerabilities related to race, gender, sexual orientation, and socioeconomic status, elevate the importance of intersectionality.

7. Additional Note for Radiation Workers

If you work with radiation sources and are pregnant or planning to become pregnant, you may be eligible for additional safety measures through the UNM Radiation Safety Office. Declaring your pregnancy is entirely voluntary but doing so allows you to receive a fetal dosimeter (monitoring badge) and have your radiation exposure carefully tracked and limited during pregnancy, in line with federal regulations.

You can request a private consultation and obtain more information from the Radiation Safety Office at <https://hsc.unm.edu/research/radiation-safety> or by calling 505-925-0743.

These protections are designed to keep fetal radiation exposure below 500 mrem over the entire pregnancy, with monthly exposures kept below 50 mrem. The first trimester, particularly weeks 8–15, is the most sensitive period for radiation exposure, so early consultation is encouraged.

8. Protection Against Discrimination

In accordance with [University Policy 2760](#):

- Pregnant employees must be provided reasonable accommodations.
- No adverse employment action may result from participation in this SOP.
- Discrimination or retaliation is prohibited.

9. Appendices

Appendix A: Campus Resources

Appendix B: Known and Suspected Reproductive Hazards (solvents, heavy metals, nanomaterials, EDCs)

Appendix C: Sample Risk Assessment and Accommodation Plan

Appendix A: Campus Resources

[Biosafety Office](#)

[Compliance, Ethics, & Equal Opportunity](#)

[Employee Occupational Health Services](#)

[Environmental Health & Safety](#)

[Lactation Stations](#)

[Pathogen Safety Data Sheets](#)

[Radiations Safety Office](#)

[Student Health & Counseling](#)

[UNM Mental Health Resources](#)

[UNM Policy 2760](#)

[Women's Resource Center](#)

Appendix B: Known and Suspected Reproductive Hazards

The following list comes from the State of California, which by law requires the Governor to revise and republish at least annually the list of chemicals known by the State to cause reproductive toxicity and cancer, commonly known as the Proposition 65 list. Listed below are the substances from the Proposition 65 list that exhibit fetal development toxicity or female/male reproductive toxicity.

Chemical	CAS No.
Acetazolamide	59-66-5
Acetohydroxamic acid	546-88-3
Acrylamide	79-06-1
Actinomycin D	50-76-0
All-trans retinoic acid	302-79-4
Alprazolam	28981-97-7
Altretamine	645-05-6
Amantadine hydrochloride	665-66-7
Amikacin sulfate	39831-55-5
Aminogluthethimide	125-84-8
Aminoglycosides	---
Aminopterin	54-62-6
Amiodarone hydrochloride	19774-82-4
Amitraz	33089-61-1
Amoxapine	14028-44-5
Anabolic steroids	---
Angiotensin converting enzyme (ACE) inhibitors	---
Anisindione	117-37-3
Arsenic (inorganic oxides)	---
Aspirin (NOTE: It is especially important not to use aspirin during the last three months of pregnancy, unless specifically directed to do so by a physician because it may cause problems in the unborn child or complications during delivery.)	50-78-2
Atenolol	29122-68-7
Auranofin	34031-32-8
Avermectin B1 (Abamectin)	71751-41-2
Azathioprine	446-86-6
Barbiturates	---
Beclomethasone dipropionate	5534-09-8
Benomyl	17804-35-2
Benzene	71-43-2
Benzodiazepines	---
Benzphetamine hydrochloride	5411-22-3
Bischloroethyl nitrosourea (BCNU) (Carmustine)	154-93-8

Bromacil lithium salt	53404-19-6
1-Bromopropane (1-BP)	106-94-5
2-Bromopropane (2-BP)	75-26-3
Bromoxynil	1689-84-5
Bromoxynil octanoate	1689-99-2
Butabarbital sodium	143-81-7
1,3-Butadiene	106-99-0
1,4-Butanediol dimethanesulfonate (Busulfan)	55-98-1
Butyl benzyl phthalate (BBP) ^a	85-68-7
Cadmium and cadmium compounds	---
Carbamazepine	298-46-4
Carbaryl	63-25-2
Carbon disulfide	75-15-0
Carbon monoxide	630-08-0
Carboplatin	41575-94-4
Chenodiol	474-25-9
Chlorambucil	305-03-3
Chlorcyclizine hydrochloride	1620-21-9
Chlordecone (Kepone)	143-50-0
Chlordiazepoxide	58-25-3
Chlordiazepoxide hydrochloride	438-41-5
1-(2-Chloroethyl)-3-cyclohexyl-1- nitrosoarea (CCNU) (Lomustine)	13010-47-4
Chloroform	67-66-3
2-Chloropropionic acid	598-78-7
Chromium (hexavalent compounds)	---
Cidofovir	113852-37-2
Cladribine	4291-63-8
Clarithromycin	81103-11-9
Clobetasol propionate	25122-46-7
Clomiphene citrate	50-41-9
Clorazepate dipotassium	57109-90-7
Cocaine	50-36-2
Codeine phosphate	52-28-8
Colchicine	64-86-8
Conjugated estrogens	---
Cyanazine	21725-46-2
Cycloate	1134-23-2
Cycloheximide	66-81-9
Cyclophosphamide (anhydrous)	50-18-0
Cyclophosphamide (hydrated)	6055-19-2
Cyhexatin	13121-70-5

Cytarabine	147-94-4
Dacarbazine	4342-03-4
Danazol	17230-88-5
Daunorubicin hydrochloride	23541-50-6
2,4-D butyric acid	94-82-6
o,p'-DDT	789-02-6
p,p'-DDT	50-29-3
Demeclocycline hydrochloride (internal use)	64-73-3
Diazepam	439-14-5
Diazoxide	364-98-7
1,2-Dibromo-3-chloropropane (DBCP)	96-12-8
Dichloroacetic acid	79-43-6
1,1-Dichloro-2,2-bis(<i>p</i> - chloropheny)ethylene (DDE)	72-55-9
Dichlorophene	97-23-4
Dichlorphenamide	120-97-8
Diclofop methyl	51338-27-3
Dicumarol	66-76-2
Di(2-ethylhexyl)phthalate	117-81-7
Diethylstilbestrol (DES)	56-53-1
Di flunisal	22494-42-4
Dihydroergotamine mesylate	6190-39-2
Di-isodecyl phthalate (DIDP)	26761-40-0
Diltiazem hydrochloride	33286-22-5
N,N-Dimethylacetamide	127-19-5
Di- <i>n</i> -butyl phthalate (DBP)	84-74-2
Di- <i>n</i> -hexyl phthalate (DnHP)	84-75-3
<i>m</i> -Dinitrobenzene	99-65-0
<i>o</i> -Dinitrobenzene	528-29-0
<i>p</i> -Dinitrobenzene	100-25-4
2,4-Dinitrotoluene	121-14-2
2,6-Dinitrotoluene	606-20-2
Dinitrotoluene (technical grade)	---
Dinocap	39300-45-3
Dinoseb	88-85-7
Diphenylhydantoin (Phenytoin)	57-41-0
Disodium cyanodithioimidocarbonate	138-93-2
Doxorubicin hydrochloride (Adriamycin)	25316-40-9
Doxycycline (internal use)	564-25-0
Doxycycline calcium (internal use)	94088-85-4
Doxycycline hyclate (internal use)	24390-14-5
Doxycycline monohydrate (internal use)	17086-28-1

Endrin	72-20-8
Environmental tobacco smoke (ETS)	---
Epichlorohydrin	106-89-8
Ergotamine tartrate	379-79-3
Estropipate	7280-37-7
Ethionamide	536-33-4
Ethyl alcohol in alcoholic beverages	---
Ethyl dipropylthiocarbamate	759-94-4
Ethylene dibromide	106-93-4
Ethylene glycol monoethyl ether	110-80-5
Ethylene glycol monoethyl ether acetate	111-15-9
Ethylene glycol monomethyl ether	109-86-4
Ethylene glycol monomethyl ether acetate	110-49-6
Ethylene oxide	75-21-8
Ethylene thiourea	96-45-7
Etodolac	41340-25-4
Etoposide	33419-42-0
Etretinate	54350-48-0
Fenoxaprop ethyl	66441-23-4
Filgrastim	121181-53-1
Fluazifop butyl	69806-50-4
Flunisolide	3385-03-3
Fluorouracil	51-21-8
Fluoxymesterone	76-43-7
Flurazepam hydrochloride	1172-18-5
Flurbiprofen	5104-49-4
Flutamide	13311-84-7
Fluticasone propionate	80474-14-2
Fluvalinate	69409-94-5
Ganciclovir	82410-32-0
Ganciclovir sodium	107910-75-8
Gemfibrozil	25812-30-0
Goserelin acetate	65807-02-5
Halazepam	23092-17-3
Halobetasol propionate	66852-54-8
Haloperidol	52-86-8
Halothane	151-67-7
Heptachlor	76-44-8
Hexachlorobenzene	118-74-1
Hexafluoroacetone	684-16-2
Hexamethylphosphoramide	680-31-9

Histrelin acetate	---
Hydramethylnon	67485-29-4
Hydrogen cyanide (HCN) and cyanide salts (CN salts)	---
Cyanide salts that readily dissociate in solution	
Hydroxyurea	127-07-1
Idarubicin hydrochloride	57852-57-0
Ifosfamide	3778-73-2
Iodine-131	10043-66-0
Isotretinoin	4759-48-2
Lead	---
Leuprolide acetate	74381-53-6
Levodopa	59-92-7
Levonorgestrel implants	797-63-7
Linuron	330-55-2
Lithium carbonate	554-13-2
Lithium citrate	919-16-4
Lorazepam	846-49-1
Lovastatin	75330-75-5
Mebendazole	31431-39-7
Medroxyprogesterone acetate	71-58-9
Megestrol acetate	595-33-5
Melphalan	148-82-3
Menotropins	9002-68-0
Meprobamate	57-53-4
Mercaptopurine	6112-76-1
Mercury and mercury compounds	---
Methacycline hydrochloride	3963-95-9
Metham sodium	137-42-8
Methanol	67-56-1
Methazole	20354-26-1
Methimazole	60-56-0
Methotrexate	59-05-2
Methotrexate sodium	15475-56-6
Methyl bromide, as a structural fumigant	74-83-9
Methyl n-butyl ketone	591-78-6
Methyl chloride	74-87-3
Methyl isobutyl ketone (MIBK)	108-10-1
Methyl isocyanate (MIC)	624-83-9
Methyl mercury	---
N-Methylpyrrolidone	872-50-4
Methyltestosterone	58-18-4

Metiram	9006-42-2
Midazolam hydrochloride	59467-96-8
Minocycline hydrochloride (internal use)	13614-98-7
Misoprostol	59122-46-2
Mitoxantrone hydrochloride	70476-82-3
Molinate	2212-67-1
Myclobutanil	88671-89-0
Nabam	142-59-6
Nafarelin acetate	86220-42-0
Neomycin sulfate (internal use)	1405-10-3
Netilmicin sulfate	56391-57-2
Nickel carbonyl	13463-39-3
Nicotine	54-11-5
Nifedipine	21829-25-4
Nimodipine	66085-59-4
Nitrapyrin	1929-82-4
Nitrobenzene	98-95-3
Nitrofurantoin	67-20-9
Nitrogen mustard (Mechlorethamine)	51-75-2
Nitrogen mustard hydrochloride (Mechlorethamine hydrochloride)	55-86-7
Nitrous oxide	10024-97-2
Norethisterone (Norethindrone)	68-22-4
Norethisterone acetate (Norethindrone acetate)	51-98-9
Norethisterone (Norethindrone) /Ethinyl estradiol	568-22-4/ 7-63-6
Norethisterone (Norethindrone) /Mestranol	68-22-4/ 72-33-3
Norgestrel	6533-00-2
Oxadiazon	19666-30-9
Oxazepam	604-75-1
Oxydemeton methyl	301-12-2
Oxymetholone	434-07-1
Oxytetracycline (internal use)	79-57-2
Oxytetracycline hydrochloride (internal use)	2058-46-0
Oxythioquinox (Chinomethionat)	2439-01-2
Paclitaxel	33069-62-4
Paramethadione	115-67-3
Penicillamine	52-67-5
Pentobarbital sodium	57-33-0
Pentostatin	53910-25-1
Phenacemide	63-98-9

Phenprocoumon	435-97-2
Phenylphosphine	638-21-1
Pimozide	2062-78-4
Pipobroman	54-91-1
Plicamycin	18378-89-7
Polybrominated biphenyls	---
Polychlorinated biphenyls	---
Potassium dimethyldithiocarbamate	128-03-0
Pravastatin sodium	81131-70-6
Prednisolone sodium phosphate	125-02-0
Procarbazine hydrochloride	366-70-1
Propargite	2312-35-8
Propylthiouracil	51-52-5
Pyrimethamine	58-14-0
Quazepam	36735-22-5
Quizalofop-ethyl	76578-14-8
Resmethrin	10453-86-8
Retinol/retinyl esters, when in daily dosages in excess of 10,000 IU, or 3,000 retinol equivalents. (NOTE: Retinol/retinyl esters are required and essential for maintenance of normal reproductive function. The recommended daily level during pregnancy is 8,000 IU.)	---
Ribavirin	36791-04-5
Rifampin	13292-46-1
Secobarbital sodium	309-43-3
Sermorelin acetate	---
Sodium dimethyldithiocarbamate	128-04-1
Sodium fluoroacetate	62-74-8
Streptomycin sulfate	3810-74-0
Streptozocin (streptozotocin)	18883-66-4
Sulfasalazine (salicylazosulfapyridine)	599-79-1
Sulfur dioxide	7446-09-5
Sulindac	38194-50-2
Tamoxifen citrate	54965-24-1
Temazepam	846-50-4
Teniposide	29767-20-2
Terbacil	5902-51-2
Testosterone cypionate	58-20-8
Testosterone enanthate	315-37-7
2,3,7,8-Tetrachlorodibenzo- <i>p</i> -dioxin (TCDD)	1746-01-6
Tetracycline (internal use)	60-54-8
Tetracycline hydrochloride (internal use)	64-75-5

Thalidomide	50-35-1
Thioguanine	154-42-7
Thiophanate methyl	23564-05-8
Tobacco smoke	---
Tobramycin sulfate	49842-07-1
Toluene	108-88-3
Triadimefon	43121-43-3
Triazolam	28911-01-5
Tributyltin methacrylate	2155-70-6
Trichloroethylene	79-01-6
Trientine hydrochloride	38260-01-4
Triforine	26644-46-2
Trilostane	13647-35-3
Trimethadione	127-48-0
Trimetrexate glucuronate	82952-64-5
Triphenyltin hydroxide	76-87-9
Uracil mustard	66-75-1
Urethane (Ethyl carbamate)	51-79-6
Urofollitropin	97048-13-0
Valproate (Valproic acid)	99-66-1
Vinblastine sulfate	143-67-9
Vinclozolin	50471-44-8
Vincristine sulfate	2068-78-2
4-Vinylcyclohexene	100-40-3
4-Vinyl-1-cyclohexene diepoxide (Vinyl cyclohexenedioxide)	106-87-6
Warfarin	81-81-2
Zileuton	111406-87-2

Appendix C: Sample Risk Assessment and Accommodation Plan

Employee Name: _____ Job Title / Role: _____

Department / PI: _____ Date: _____

Stage (circle one):

☐ Pregnant ☐ Planning Pregnancy ☐ Breastfeeding ☐ Other (explain): _____

Hazard Assessment Checklist

Hazard Type	Present in Lab?	Notes / Specific Substances	Controls in Place	Modifications Needed
Chemical (reproductive toxins, solvents, etc.)	☐ Yes ☐ No			
Radiation (ionizing / non-ionizing)	☐ Yes ☐ No			
Biological (infectious agents, live vaccine material)	☐ Yes ☐ No			
Physical (lifting, standing, heat, noise)	☐ Yes ☐ No			
Psychosocial (stress, long hours, isolation, heat, noise)	☐ Yes ☐ No			

Accommodations

Modified Tasks:

Adjusted Schedule:

Engineering Controls:

PPE or Safety Measures:

Location or Duty Reassignment:

Support Resources Referred:

Review and Signatures

Employee: _____ Date: _____

Supervisor: _____ Date: _____

EHS Representative: _____ Date: _____