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Balancing Pregnancy, Parenthood, and Graduate School

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Introduction

While some scholarly articles and reports examine the needs of faculty parents (Bassett 2005; Colbeck and Drago 2005; APSA CSWP 2016; van Assendelft et al. 2019), graduate student parents remain largely ignored in academia. The number of graduate students with children is increasing (Mason 2009; Perry 2021), and the lack of support for such students may contribute to the “leaky pipeline” in academia (Windsor and Crawford 2020). This chapter aims to recognize the needs and existence of graduate student parents.

The authors represent a diverse set of experiences and perspectives. Some of us were pregnant and/or had children while in graduate school, were expectant on the job market, or gave birth to children as non-tenured assistant professors. One of the authors underwent fertility treatments, two of the authors suffered multiple miscarriages and a third suffered one, and two of the authors had twins. We offer our viewpoints juggling the competing demands of our academic and domestic responsibilities. However, we acknowledge that our perspectives are finite; they do not fully encompass everyone’s intersectional identities and experiences as graduate student parents. Nevertheless, we hope the guidance here serves as one source of information for those on this journey.

Pregnancy, Childbirth, and Adopting Children

Making the Decision to Have Children as a Graduate Student

Today, there are more parenting and pregnant students in higher education (Brown and Nichols 2012). Pregnancy and parenting are profound choices that can significantly impact an academic career itself in its infancy. Women are particularly disadvantaged given societal and cultural expectations surrounding parenting and household work (Correll, Bernard, & Paik 2007; Dillon 2012; Utami 2019). All student parents find themselves in situations where the expectations of their academic programs conflict with parenting in a way that can lead to significant stress (Utami 2019).

Conventional wisdom encourages individuals to forsake parenting until after graduate school and often until tenure is attained (Kennelly & Spalter-Roth 2006). If you decide to have a child or children during graduate school, there are several competing factors to consider. In addition to concerns about fertility, graduate students must also weigh their own values and goals, the needs and wishes of spouses

or partners, and more. For those who choose to explore parenthood, the structure of graduate school offers some advantages, like a somewhat flexible schedule and a community of other students who may be on a similar journey.

Like any expecting parent, pregnant graduate students can expect to experience a range of hopes and concerns. Upon discovering the pregnancy, graduate students should review their health insurance options, leave of absence policies, short-term disability benefits, and arrange suitable medical care. While many pregnancies are uneventful, others are marked by serious complications requiring frequent prenatal visits, specialist appointments, invasive treatments, or even hospitalization. The physical toll of pregnancy can also be significant. For example, about 70% of pregnant people experience nausea or vomiting in pregnancy, with symptoms persisting into the third trimester for nearly a quarter of them (Einarson, Piwko, and Koren 2013). It is also important to note that women of color—especially Black, American Indian, and Alaskan Native women—disproportionately experience health inequities, including maternal and infant death, due to long-standing racial injustice (CDC 2019). This is an additional burden on the minds of expectant graduate students of color.

Some graduate students may choose to tell their advisor about a pregnancy in its early stages, especially if they experience disruptive symptoms. Others may wait longer. No matter when you share your news, it is natural to feel apprehensive. In our experience, pregnant students' worry about telling their advisors is typically worse than the actual discussion. See chapter 13 for suggestions on selecting supportive advisors. Pregnancy and parenting in graduate school are more common than one might think; for example, a study in the University of California system found that approximately 12% of male graduate students and 14% of female graduate students were parents (Mason, Goulden, and Frasch 2009). Your advisor has likely encountered a pregnant student or colleague before. If you are clear, direct, and positive, they are likely to react neutrally or supportively. Cosme (2016) recommends that you “try to keep the conversation centered on your work.” explain how your pregnancy will affect your academic responsibilities and share your plans for the next several months.

Advanced graduate students may also wonder whether a pregnancy will affect their job prospects. Some research suggests that women who have children in graduate school may not be disadvantaged when finding a tenure track job, presuming they manage to finish their degrees (Kulp 2016), but large-scale studies are largely absent. When on the academic job market in 2012, one author conducted a small informal experiment. At the time of her interviews, she was somewhat visibly pregnant. She randomly disclosed her pregnancy to only half the schools where she interviewed. This choice appeared to make no difference in the outcome of the searches, or the way she was treated during campus visits. Some pregnant job candidates may feel more relaxed if they are fully transparent with search committees, especially if they may need some accommodations. Other job candidates may prefer to keep their status private. Either choice is justifiable, reasonable, and unlikely to substantially affect your career trajectory.

Additionally, fertility issues pose a conundrum for graduate students. The ideal childbearing years tend to coincide with graduate school years, especially as the median age for women at degree completion is 33.6 years (Hoffer et al. 2006). Fertility treatments, including IVF, may be covered in whole or part by certain institutions, making coverage under their health insurance policies an ideal time to seek out such treatments. You may find that the considerations in favor of going through fertility treatments now are worth the balancing that you will need to do in your academic life. Juggling academic and treatment-related responsibilities may be stressful and necessitate a leave of absence or a scaling back of participation. The very real physical effects of fertility treatments can be unpredictable and intense. Understanding these potential pressure points and, to the extent possible, timing fertility treatments over breaks and away from finals and conferences may help you attend to both.

Adoption has its own timeline and considerations that take years of planning and a certain degree of flexibility to adapt to changing situations. These issues are often stigmatized in society and doubly so in academia as they represent challenges to the traditional graduate student role. Court dates, paperwork, and the unexpected call that a child is available for placement complicate the graduate student experience because they appear out of nowhere for advisors and peers unless the student notifies them of their journey ahead of time.

Many happen upon pregnancy unexpectedly. Some pregnant students may decide to have an abor-

tion. In some countries and some US states, abortion is a simple procedure that is easy to arrange, that may be covered by insurance or offered on a sliding scale fee. In other places, abortion may be illegal or very difficult to access. For some people, the time, mental energy, and emotional stress involved in choosing to terminate a pregnancy can be considerable. Others may feel a sense of relief after having an abortion. There is no right or wrong reaction.

The decision to continue an unplanned pregnancy is also complicated. Students who experience an unexpected pregnancy have no input on the timing of the pregnancy. Moreover, pregnancies that are not discovered until later in gestation may have additional medical considerations. Surprise pregnancies may force graduate students to rapidly re-organize their lives. When she became pregnant, one of the authors moved out of an apartment full of flaking lead paint, found new health insurance, and moved to another city to be closer to her partner—all within the span of just a few weeks.

Graduate students who endure miscarriage and infant loss have needs that are often underreported and unsupported. Whether you have been trying to achieve pregnancy or not, the emotional toll of pregnancy loss is unfathomable until you have to endure it. While it may be difficult, these are times that call for a meeting with an advisor or trusted faculty member to discuss extensions, leaves of absence, mental health resources and other accommodations (such as Employee Assistance Programs, or EAP) that are available to graduate students through the university. It is also possible that resources may be accessible to you via the university health system or healthcare plans. Feelings of self-doubt and blame, depression, guilt, and anger are normal but they are also often stigmatized and borne in silence (Winegar 2016). Take time to mourn your loss and draw on your network of support for your future academic success, and more importantly, your own wellbeing.

Parenting in Graduate School

Infant Feeding in Graduate School

For students who become parents in graduate school, infant feeding will consume many hours of their days and nights. Because infants are so dependent on their caregivers for food, your infant feeding choices will need to be integrated into your life. To be clear: there is no right or wrong way to feed an infant. Either breastfeeding or bottle-feeding is fine, but it might be beneficial to consult with a physician to determine the best choice for you. Here, we outline some of the options and discuss your rights.

The Breastfeeding Option

Breastfeeding rates are on the rise and in 2018, over 80 percent of newborns in the US have “ever been” breastfed (CDC 2021). The American Academy of Pediatrics recommends that infants be breastfed exclusively for at least six months, breastfed for a minimum of one year, and that the breastfeeding relationship should continue as “mutually desired” by the lactating parent and infant (2012). There are good reasons to support parents who choose to breastfeed as a matter of personal choice and bodily autonomy. Breastfeeding parents may find that the relationship helps them establish and deepen a bond with their new child. Aside from the health benefits, breastfeeding is a low-cost food source. There are costs, though, that are disproportionately borne by the breastfeeding parent, such as time spent nursing and pumping, lost sleep, additional food, supplements, and supportive supplies.

Breastfeeding is widely recognized by law as a right for the lactating parent and the infant. Title IX prohibits discrimination against pregnant and breastfeeding persons in educational settings and requires that institutions provide excused absences for pregnancy and childbirth for as long as medically necessary, usually several weeks postpartum (US Department of Education Office of Civil Rights n.d.). This period should allow most lactating parents the opportunity to establish their milk supplies. All 50 states, the District of Columbia, Puerto Rico, and the US Virgin Islands have laws that specifically protect breastfeeding in any public or private location (NCSL 2021). The Patient Protection and Affordable Care Act of 2010 (ACA) requires employers to provide “reasonable” unpaid break time to non-exempt employees to express milk. This applies to all employers with at least 50 employees (US Department of Labor n.d.). Employers must also provide a space other than a restroom to express milk. While these

provisions may technically exclude many graduate students whose work is considered “exempt” (i.e., salaried, not eligible for overtime), some states have additional employment protections for lactating parents that may address this gap.¹ Moreover, if full-time employees are receiving these benefits, odds are that you can ask for access to them as well.

Parenting graduate students may be eligible for SNAP (Supplemental Nutrition Assistance Program) and WIC (Women, Infants, and Children) benefits, depending on their state’s eligibility criteria. WIC may be useful to breastfeeding, combination feeding, and formula feeding parents. Eligible lactating parents also may receive an enhanced WIC benefit for up to one year (US Department of Agriculture n.d.). In addition, the ACA requires most health plans to cover the cost of a breast pump (Lee 2014). Finally, WIC offers breastfeeding support, such as peer counseling and connection to lactation services.

Job interviews and lactation can be difficult to manage. If you are comfortable disclosing your breastfeeding status, ask for one or two extended 20-minute breaks and/or an extended meal break to nurse or express milk. Some unscheduled time to prep a research presentation might also allow time to pump. Bring your breast pump and cold packs to preserve the milk; snacks and water to help maintain the milk supply, and breast pads to absorb any leaks. If that’s not feasible, a five-minute break to hand express milk may help relieve some pressure until one can pump fully. Related to travel, most airports have lactation rooms for pumping, and breastmilk is allowed on flights as a carry-on so long as it is contained in 3.4-ounce bottles or less.

Formula and Combination Feeding Option

Breastfeeding is a demanding proposition and may not be the right choice for everyone for a multitude of reasons. The inability to pump or nurse regularly can lead to engorged breasts, mastitis, and/or a dwindling milk supply. Some graduate students may find that the demands of academic life do not accommodate the physical demands of exclusive lactation. Others may exercise their bodily autonomy in choosing not to breastfeed. Infant formula is a perfectly reasonable form of feeding an infant either exclusively or as a form of supplementation. Millions of infants thrive on infant formula and grow into healthy children and adults. Formula feeding more readily allows others to share the responsibility for infant feeding as well.

Parents who use infant formula exclusively can spend \$1,200-\$2,000 per year on formula depending on the brand and ingredients (Simon 2019) and more if the child requires a specialty formula. In states where graduate students are eligible for SNAP and WIC, parents may use these benefits to purchase infant formula (US Department of Agriculture 2019). In most cases, health insurance does not cover infant formula. However, seventeen states cover specialized infant formula prescribed by a doctor for infants with severe food allergies (FAACT n.d.).

There is a great deal of stigma surrounding infant feeding, no matter which route you take. There is no shame in formula feeding, breastfeeding, or a combination of both. There is a fair amount of debate about the overall importance that infant feeding has on the lifetime outcomes of individuals (Jung 2015). Given the myriad of barriers that graduate students face already, shame should not be one of them. Fed is best, and whatever evidence-based approach you take that allows you to maintain your infant’s health and your own sanity is what works best for you.

Supports and Considerations for Parents in Graduate School

While the maxim “nothing can prepare you for parenthood” is mostly true, graduate students should consider several factors to balance pregnancy, parenting, and academic studies. Different institutional and governmental resources,² leave policies, and childcare options may factor into your decisions. Graduate student parents may also need to navigate co-parenting with (ex-)spouses or (ex-)partners and build a support network.

Despite the growing percentage of graduate student parents, there is sizable variation in the scale and scope of universities’ support services. Parental leave and childcare are likely the two top considerations for graduate students weighing or facing parenthood.

As shown in tables 16.1 and 16.2, we have gathered data from the discipline’s top 40 ranked US PhD

programs and documented their parental leave policies, university-associated childcare facilities, and average monthly cost of childcare.³

As *Table 16.1* illustrates, the majority of surveyed universities provide leave from academic and assistantship responsibilities for pregnancy, childbirth, or adoption. The amount of time off varies significantly for birthing parents (six to 16 weeks) and non-birthing parents (two to 16 weeks). A few schools allow some students extended leave up to a year. Graduate students often cannot rely on the Family Medical Leave Act (FMLA) for twelve weeks of protected unpaid leave unless they are considered employees and have worked 1250 hours over a rolling 12-month period. International students may not be able to leverage FMLA even if it is available. Universities may accommodate students on an individual basis, (Mason et al. 2013) though that does leave open the opportunity for bias in how such accommodations are given.

Another complication is the unique university calendar. Some schools' guidelines specify that the leave occurs during the quarter/semester that the child is born/adopted while others provide leave for the next quarter/semester. Depending on timing, this could leave the student without any leave for a few weeks.

Protected leave might not be paid leave. Most universities surveyed provide some paid leave for birthing parents who are employed by the institution. However, a handful of these schools do not provide any funding during the temporary absence. For non-birthing students, a quarter of institutions surveyed do not offer any paid leave whereas others provide equal paid leave regardless of the student's role in the birthing process.

As *Table 16.2* shows, most universities have one or more affiliated childcare centers that cater to faculty, staff, and students. These facilities are generally accredited and offer high-quality, developmentally appropriate education for infants to pre-kindergartners. Most centers open at 8:00 am and close by 6:00 pm, which may or may not cover class meeting times, but they do ordinarily follow the university calendar. Daycare costs for one child are on par with or exceed the outlay for rent. For these forty universities, average monthly daycare costs at university-affiliated centers ranged from \$620 to \$3,069. The mean monthly rate for one child, averaging across all ages, is \$1,733. Considering doctoral stipends range from \$4,000 to \$35,000 per year (Williams 2008, inflation-adjusted to 2021 dollars), daycare comes with a whopping price tag. Even with subsidies, discounts, or scholarships, the net expense remains sizable.

Although student parents often receive priority over other applicants, many daycare facilities' waitlists are six months to two years long. Expectant parents may want to add their names to the waiting list long before a child arrives. Many universities offer emergency childcare at a subsidized or discounted rate for a few days each semester if you are in a pinch. Parents looking for summer childcare options for their school-aged children might consider university day camps that are offered in areas like art, literacy, math, and science.

Housing and health insurance are two additional considerations for graduate student parents. Most universities offer on-campus housing for students with families, providing proximity to classes, university facilities, and affiliated childcare centers. University housing also yields a community of fellow graduate students with families that may serve as an extended support network. Student family housing usually comes at a premium rate, though most utilities are included. For example, nine-month university housing costs at public research universities and private research institutions in 2018 averaged \$11,200 and \$13,800, respectively (Urban Institute 2021). Off-campus housing may be more cost-effective.

Most universities also provide health insurance coverage for their graduate students on assistantship or fellowship, although the quality of coverage varies. Birthing parents should inquire about the anticipated out-of-pocket costs (e.g., copays, deductibles) for prenatal checkups, prescriptions, tests, and delivery. Parents should ensure that their providers are in-network to avoid paying higher costs. Often, universities do not extend coverage to students' dependents (Williams 2008). For universities that do, there is typically a considerable premium associated with each added dependent. Domestic graduate students may qualify for sizable subsidies to shop and pay for health insurance coverage via Medicaid or the ACA marketplace, depending on the family income. International students, however, cannot access these outlets. In addition, most universities offer free on-campus or telehealth counseling or therapy for students, as well as graduate wellness programs prioritizing students' physical and mental wellbeing.

Take advantage of these resources, which will benefit you and your family members.

Table 16.1: Parental Leave Policies for the top 40 Political Science PhD Programs in the US

University	Amount of Parental Leave for Graduate Students	Paid Leave for Birth Parents (in weeks)	Paid Leave for Non-Birth Parents (in weeks)
Columbia University	Birth or non-birth parents (12 weeks, with another 12-week extension possible)	12	12
Cornell University	Birth or non-birth parent (6 weeks, or 8 weeks if cesarean section delivery) or up to 1 year reduced academic load status	6 to 8	6
Duke University	Birth parents (9 weeks); Non-birth parents (2 weeks)	9	2
Emory University	Birth or non-birth parents (8 weeks)	8	8
George Washington University	No parental leave	0	0
Georgetown University	Birth or non-birth parents (6 weeks)	6	6
Harvard University	Birth or non-birth parents (12 weeks)	12	12
Indiana University—Bloomington	Birth or non-birth parents (6 weeks)	6	6
Mass. Institute of Technology	Birth parents (12 weeks); Non-birth parents (4 weeks)	12	4
Michigan State University	Birth or non-birth parents (8 weeks)	8	1
New York University	Birth or non-birth parents (6-12 weeks)	6 to 12	6 to 12
Northwestern University	Birth or non-birth parents (12 weeks)	12	12
The Ohio State University	Birth parent (6 weeks); Non-birth parents (3 weeks)	6	3
Penn State University—University Park	Birth or non-birth parents (15 weeks)	0	0
Princeton University	Birth or non-birth parents (14 weeks)	14	14
Rice University	Birth or non-birth parents (6 weeks)	6	6
Stanford University	Birth parents (12 weeks, up to 12-month extension); Non-birth parents (12 weeks)	12	0
Stony Brook University—SUNY	Birth or non-birth parents (12 weeks)	12	12
Texas A&M Univ. — College Station	Birth or non-birth parents (12 weeks)	0	0
University of CA—Berkeley	Birth parents (8 weeks)	6	0
University of CA—Davis	Birth parents (6 weeks)	6	0
University of CA—Los Angeles	Birth parents (6 weeks)	6	0
University of CA—San Diego	Birth parents (6 weeks)	6	0
University of IL—Urbana-Champaign	Birth or non-birth parents (12 weeks)	2	2
University of Maryland—College Park	Birth or non-birth parents (6 weeks)	6	6
University of MI—Ann Arbor	Birth parents (8 weeks, up to 12 month extension); Non-birth parents (6 weeks, up to 12 month extension)	8	6
University of MN—Twin Cities	Birth or non-birth parents (6 weeks)	6	6
University of NC—Chapel Hill	Birth or non-birth parents (6 weeks)	6	6
University of WI—Madison	No parental leave	0	0
University of Chicago	Birth and non-birth parents (10 weeks)	10	10
University of Notre Dame	Birth and non-birth parents (16 weeks)	16	16
University of Pennsylvania	Birth or non-birth parents (8 weeks, up to two semester extension)	8	8
University of Pittsburgh	Birth or non-birth parents (6 weeks)	6	6
University of Rochester	Birth or non-birth parents (8 weeks)	8	8
University of Texas—Austin	Birth or non-birth parents (12 weeks)	0	0
University of Virginia	Birth or non-birth parents (8 weeks)	8	8
University of Washington	Birth or non-birth parents (12 weeks, up to 14 if birthing complications)	12 to 14	12
Vanderbilt University	Birth or non-birth parents (6 weeks)	6	6
Washington University in St. Louis	Birth or non-birth parents (8 weeks, up to 15 weeks)	8	8
Yale University	Birth or non-birth parents (8–15 weeks, up to 12 months extension)	8 to 15	8 to 15

Table 16.2: Childcare Facilities & Monthly Costs for Top 40 Political Science PhD Programs in the US

University	University Affiliated Childcare Facility Name(s)	Daycare Avg. Monthly Cost (in \$ per child)
Columbia University	The Rita Gold Early Childhood Center, Teachers College	\$2777
Cornell University	Cornell Childcare Center	\$1795
Duke University	Duke Children's Campus	\$1468
Emory University	The Clifton School; The Early Emory Center for Child Development and Enrichment	\$1326
George Washington University	Bright Horizons at L Street	\$2750
Georgetown University	Hoya Kids	\$1520
Harvard University	Botanic Gardens Children's Center; Oxford Street Daycare Cooperative; Radcliffe Childcare Centers, Inc; Harvard Yard Childcare Center; Peabody Terrace Children's Center; Soldiers Field Park Children's Center	\$3069
Indiana University—Bloomington	Campus Children's Center; Campus View Childcare Center	\$1228
Mass. Institute of Technology	The David H. Koch Childcare Center; Kendall Childcare Center; Lincoln Laboratory Childcare Center; Stata Childcare Center	\$2628
Michigan State University	Spartan Child Development Center	\$1202
New York University	N/A—they do not operate their own childcare facility, but help students connect to resources	N/A
Northwestern University	University Children's Center	\$2229
The Ohio State University	The Ohio State University Childcare Program	\$1034
Penn State University—University Park	Bennett Family Center; Childcare Center at Hort Woods	\$1089
Princeton University	University NOW Day Nursery	\$2220
Rice University	Center for Early Childhood Education	\$1618
Stanford University	Children's Center of the Stanford Community; Stanford Arboretum Children's Center; Stanford Madera Grove Children's Center; Stock Farm Road Children's Center; Pine Cone Children's Center; Stanford West Children's Center	\$2504
Stony Brook University—SUNY	Stony Brook Childcare Services	\$1532
Texas A&M Univ. — College Station	Becky Gates Children's Center	\$890
University of CA—Berkeley	Early Childhood Education Program	\$2440
University of CA—Davis	Hutchison Child Development Center; LaRue Park Child Development Center; Russell Park Child Development Center; Perfect Tender Infant Care	\$1724
University of CA—Los Angeles	The Krieger Center; Fernald Center; The University Village Center	\$2400
University of CA—San Diego	Early Childhood Education Center	\$1892
University of IL—Urbana-Champaign	Child Development Laboratory	\$1434
University of Maryland—College Park	UMD Child Development Center	\$1925
University of MI—Ann Arbor	Health System Children's Center; North Campus Children's Center; Towsley Children's House	\$1980
University of MN—Twin Cities	YMCA Early Childhood Learning Center; Child Development Laboratory School; Community Childcare Center; Como Early Learning Center	\$1305
University of NC—Chapel Hill	Victory Village	\$1638
University of WI—Madison	Eagle's Wing; UW Child Development Lab; Walsman Early Childhood Program	\$1728
University of Chicago	University of Chicago Child Development Center Drexel or Stony Island, managed by Bright Horizons	\$1515
University of Notre Dame	Early Childhood Development Center at the University of Notre Dame	\$620
University of Pennsylvania	Penn Children's Center	\$1880
University of Pittsburgh	University Child Development Center	\$1328
University of Rochester	The Children's School at URM	\$1262
University of Texas—Austin	Child Development Center	\$860
University of Virginia	University of Virginia Child Development Center	\$1307
University of Washington	UWCC at Portage Bay; UWCC at West Campus; UWCC at Radford Court; UWCC at Laurel Village	\$1958
Vanderbilt University	The Acorn School	\$1260
Washington University in St. Louis	Washington University Family Learning Center	\$1800
Yale University	Bright Horizons; The Nest at Alphabet Academy	\$2454

While many universities provide some benefits in the form of leave, insurance, counseling, child-care centers, and student-family housing—that is about all they offer. Universities and political science departments have a long way to go to cultivate family-friendly environments and provide needed resources for graduate student parents. Many graduate program directors and faculty are unaware of university policies and services available to graduate student parents. Fewer than one-quarter of the top programs we researched included any information for graduate student parents in their handbooks or on their websites. Expectant parents will need to be their own best advocates and read all of a university's (and department's) policies and timelines. While most graduate parents report receiving needed accommodations, these are often offered ad-hoc upon request rather than as part of a universal policy (Mason et al. 2013).

Balancing Parenthood and Academic Responsibilities

Graduate student parents will likely need to consider co-parenting with ex- or current partners. Deciding on a parenting style, managing care, coordinating schedules, and balancing competing professional responsibilities will require patience, communication, empathy, and grace for all parties involved. Regardless of best-laid plans, you will also have to parent during the unexpected. Children are bound to catch a cold, need to be picked up early from daycare, be up all night from teething or be unable to attend school because of a global pandemic. Consequently, you might be unprepared for class, miss an assignment deadline, forego a special lecture, need an extension, or receive a lower grade. All of the authors here faced similar opportunity costs.

You might be tempted to “go it alone” and not ask for help. This approach is ultimately self-defeating. All parents face genuine barriers to participation in and benefit from the non-class activities associated with a graduate education. We strongly recommend that you make your advisor aware of the tensions you face to the extent possible. This allows them to advise you on how to prioritize competing demands. A support network in and outside your program is key, especially around those high-pressure times like comprehensive exams and finals. Consider linking up with other graduate students to share childcare and support. Or rely on neighbors, family, friends, or other trusted caregivers for additional support in a pinch or as part of a long-term plan. If you have access to childcare, use it as frequently as you can, especially while writing the dissertation. The unstructured time that falls into your lap when it is your turn to be a scholar allows flexibility as much as it presents a way to neglect your research because, unlike a child, it cannot immediately cry out for attention. Try going outside of the home and school to find a place where your research can be your sole focus for a block of time. Try scheduling your research work around nap times and sleep schedules. Many graduate student parents are up after bedtime finishing work or shifting their routine in some unconventional way.

It is important to prioritize teaching and service obligations while in graduate school. If these obligations are ones where you can bring your child/ren with you to accomplish a task, then make it an adventure. One author vividly remembers carrying over IRB paperwork for her dissertation with her toddler twins in tow. Planning ahead—to the degree possible—helps here. Your institution might have intermittent childcare options or a friend can come with you and distract your kids while you attend to a task. Necessity breeds creativity.

Domestic life is not always bliss. Self-care may conflict with laundry, dinner, and caring for children. Nevertheless, making sure you are taking care of yourself is critical. Take the flight attendant's warning seriously: put on your own mask before you assist others with theirs. Find or create spoken versions of your readings that you can listen to in the car. Allow children free play or tablet time while you edit a paper. Set timers to do your reading and your housework. Find adaptive tools that work for you.

Childhood happens once. The adage that “the days seem long, but the years seem short,” may sound trite, but it is ultimately true. You will want to watch your child grow, develop, and become their own person. It is inevitable that you will let people down sometimes. You cannot manage everyone's expectations. Learning not to internalize this as abject moral failings is key. If you are in a committed relationship, this can be tricky as partners may both be stressed. Attending to that relationship is also important as you balance their needs as well.

You will have to learn to master when to say no. Graduate life is full of amazing and interesting

things. Not all of them would fit into your schedule without children, but they certainly will not with children. Having a trusted advisor and other student parents to poll about an opportunity's relevance to your success is helpful. Conversely, don't be afraid to say yes. Sometimes this is scary for student parents as it may change your work-life balance. Some opportunities are worth rebalancing. Talk to your partner, fellow student parents, advisors, or others in the field who can provide a sounding board and advice specific to you.

Conclusion

Whether you are a parent at the outset of your graduate school journey or you join the parenting ranks during your time in a program, the challenges are multifaceted. We offer the above advice to individuals navigating this journey that we have navigated ourselves in the hopes that it brings you some perspective and advice. But what we offer is only our perspective and what research has been done, so take what is useful for you in your journey. If nothing else, know this: you are not alone.

We also hope that this serves as a clarion call to political science programs that the time is ripe for a reckoning about how we fully include graduate student parents in our programs. Institutions and programs are equipped to do this kind of work and it is high time that such work begins in earnest.

Appendix

The resources available to pregnant and parenting graduate students vary by institution and location. In any case, be prepared to do some research on your own and to advocate for yourself. However, the following table may help you get started.

Table 16.A: Appendix—On Campus Resources for Graduate Students who are Pregnant or Parents

Need or Service	Sources	
	On Campus	
	Employee	Student
Health Insurance (self)	Employer-sponsored (self or spouse/partner)	Student health service. Possible add'l insurance available at group rates
Health Insurance (children)	Employer-sponsored (family coverage)	Possible child/family insurance available at group rate
Pregnancy and Postpartum Leave	As provided by employer	Title IX
Pregnancy Discrimination Laws	Pregnancy Discrimination Act	Title IX
Grief Counseling (after pregnancy loss)	As provided by employer or covered by health insurance	Student Counseling Services
Food Assistance		On campus food pantry (if available)
Legal Assistance	Employer-sponsored benefit, if offered, or referral. Human Resources office	Student Legal Services Office, Title IX Coordinator, Graduate College
Affordable infant furniture and clothing		
Free Car seats		
Breast pumps	ACA compliant employer sponsored plans	ACA compliant student health insurance plans
Housing	Employee housing available on some campuses	Housing for families with children available at some institutions.

Table 16.A: Appendix Continued—Off Campus Resources for Graduate Students who are Pregnant or Parents

Need or Service	Sources	
	Off Campus	
	Public (Government)	Private
Health Insurance (self)	Medicare (65+ or some disabled); Medicaid (in some states); https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/	Purchase via Healthcare.gov on sliding scale; https://www.healthcare.gov/
Health Insurance (children)	CHIP (https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/) for eligible children; Medicaid (in some states) https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/	Purchase via Healthcare.gov on sliding scale; https://www.healthcare.gov/
Pregnancy and Postpartum Leave	Family and Medical Leave Act	
Pregnancy Discrimination Laws		
Grief Counseling (after pregnancy loss)		National Alliance on Mental Illness affiliates (free and low-cost services); Online or local support groups; https://www.nami.org/findsupport
Food Assistance	Supplemental Nutrition Assistance Program (SNAP); Women, Infants and Children (WIC); School lunch program (school aged children)	Community based food pantries
Legal Assistance	Legal Aid; ACLU	Pro Bono work taken on voluntarily
Affordable infant furniture and clothing		Thrift shops, discount stores, mom-to-mom sales, Facebook groups, churches, pregnancy assistance centers, charities
Free Car seats		Free Car Seats, https://safeconvertiblecarseats.com/blog/free-car-seats/
Breast pumps	Medicaid in some states	All plans purchased on the ACA Marketplace
Housing	Section 8 vouchers or subsidized housing (eligibility varies) https://www.hud.gov/topics/rental_assistance	Varies by the local market

Endnotes

- 1 In any case, many non-exempt employees have a great deal of professional autonomy in their work schedules, which should allow them to nurse or express milk as needed. The state level protections for breastfeeding rights do cover college campuses.
- 2 We have added resource *Table 16.A* in the appendix of this chapter with resources for graduate student parents on and off campus.
- 3 We would like to thank Kelli Bowers, Master of Public Policy candidate at Michigan State University, for her exceptional research assistance in helping to collect this data.

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