



Pregnant and Parenting Student-Athletes

Resources and Model Policies

Pregnant and Parenting Student-Athletes: Resources and Model Policies



Authored by

Nancy Hogshead-Makar, J.D., Professor of Law, Florida Coastal School of Law; and Elizabeth A. Sorensen, Ph.D., RN, CNOR, Assistant Professor, College of Nursing and Health, Faculty Athletics Representative, Wright State University.

1

Contributions by

Kimberly G. Harmon, M.D., Clinical Associate Professor, Department of Family Medicine and Orthopedics and Sports Medicine, Team Physician, University of Washington; David Klossner, PhD., NCAA Director of Health and Safety; and Karen Morrison, J.D., NCAA Director of Gender Initiatives.

Cover Photo:

University of Minnesota, Duluth, student-athlete, Jenny Schmidgall-Potter and two-year old daughter, Madison, circle the ice after her team won the 2003 NCAA national championship. Jenny is a three-time Olympic medalist.



Pregnant and Parenting Student-Athletes: Resources and Model Policies

Table of Contents

Chapter 1: Background	5
Introducing the NCAA Model Pregnancy and Parenting Policy	5
A Review of Federal Law and NCAA Rules Impacting Treatment of Pregnant and Parenting Student-Athletes	29
Chapter 2: Best Practices	59
The Model Pregnancy and Parenting Administrative Policy	59
Decision and Response Flow Chart	66
Model Student-Athlete Handbook Statement	67
Chapter 3: Sports Medicine Resources	73
Athletic Trainer Best Practices	73
NCAA Sports Medicine Handbook Section 3b	78
Additional Resources	83
Chapter 4: Case Studies & Media Stories	93



Chapter 1: Background

Introducing the NCAA Model Pregnancy and Parenting Policy

The NCAA Model Pregnancy and Parenting Policy (“Model Policy”) is designed to provide information and resources to member institutions and their student-athletes to effectively meet the needs of student-athletes dealing with a pregnancy. It will improve compliance with federal law and NCAA bylaws, and help institutions create a safe, healthy environment while fulfilling their educational missions. The Model Policy is intended to provide clear guidance for all members of the athletics department, including administrators, coaches, and athletic trainers, as well as for parents, and most of all, the student-athletes.

The Model Policy is a natural extension of the original purpose of the NCAA, which was to protect student-athletes. In 1905, college football players were being permanently injured and even killed at an alarming rate by the sport’s most prominent offense, called “the flying wedge.” President Theodore Roosevelt urged leaders in higher education to work together to protect the health and safety of the players, resulting in the formation of the NCAA.¹ Over the past 100 years, the NCAA has enacted many bylaws to curb harmful practices and to promote the educational mission of athletics, including instituting minimum educational standards for recruits, ensuring the academic progress of student-athletes, and instituting maximum practice

and playing times. As stated today, the NCAA's "purpose is to govern competition in a fair, safe, equitable and sportsmanlike manner, and to integrate intercollegiate athletics into higher education so that the educational experience of the student-athlete is paramount."²

The Model Policy is fully in accord with the NCAA's purpose. It is based on an ethic of care, to ensure that pregnancy is treated consistently with the broad goals that all student-athletes work toward graduation,³ that physical and mental health issues be managed appropriately,⁴ and that all policies are fair to both men and women.⁵ Policies that are hostile to pregnancy and parenting - whether deliberately or inadvertently - pose obstacles to a student's academic goals. In extreme cases, those obstacles may pressure a student-athlete to have an abortion or to jeopardize her health by not getting medical care and hiding a pregnancy in order to compete. Given appropriate monitoring and support systems, pregnancy and parenting are compatible with successful intercollegiate athletics, and many athletes have achieved success after the birth of their children.⁶ An athletics department's compassionate, fair treatment of pregnancy can help prevent health problems, facilitate a smooth transition back to successful athletic participation, and make continued academic progress more likely.

Pregnancy Affects All College Students, Including Student-Athletes

Pregnancy and parenting are not new phenomena for college students, whether they be men or for women, athletes or non-athletes.⁷ College students are sexually active, with 74% of them reporting sexual activity in the prior 12 months.⁸ Ten percent of students reported using emergency contraception, and 1.4% reported either their own or their partner's pregnancy.⁹ In one sample, 40% of males and 53% of females reported having intercourse in the prior 30 days,

with 3% of this subset reporting unintended pregnancy.¹⁰ In a sample of 92 female college students aged 18-25, 62% reported being sexually active, 10% said they were pregnant, and 48% thought they might have been pregnant at some time.¹¹ According to a U.S. Department of Health and Human Services report, 15% of male and female college students aged 18-24 years reported experiencing pregnancy, either theirs or their partner's.¹² Most of these pregnancies are unintended.¹³ For women in the United States generally, unintended pregnancy is highest in the age group 20-24 years, with 10% of these women experiencing more than one unintended pregnancy and 5% experiencing an unintended pregnancy each year.¹⁴

The good news is that sports participation greatly reduces pregnancy rates for all girls and women, both reducing sexual activity overall and increasing the likelihood of consistent and effective contraceptive use.¹⁵ Female high school student-athletes are less likely to become pregnant than their non-athlete peers,¹⁶ a finding supported across racial and ethnic categories.¹⁷ The same protective effect of sports participation applies at the college level. According to one study of sexually active female college students, only 1% of female athletes reported ever experiencing a pregnancy, compared with 11% of non-athletes.¹⁸

Male student-athletes are also affected by pregnancy. Experts suggest that a reasonable estimate for pregnancy rates for female student-athletes and partners of male student-athletes for an athletics department is between 10% to 15%.¹⁹ Thus, for a sample college athletics department with 300 female and male students, 30-45 of those students may reasonably be expected to be affected by a pregnancy each year.

Despite this inevitability, few athletics programs are prepared to effectively deal with pregnancy. A survey of 85 existing intercollegiate student-athlete pregnancy policies indicates that 85% of Division I, 94% of Division II and over 98% of Division III schools lack any written policy to guide athletics departments' responses to student-athlete pregnancy and parenting concerns.²⁰ This lack of guidance leads to a number of unfortunate outcomes for all those concerned, including the student's failure to graduate. Just over 60 percent of all students who have children after enrolling in college do not finish their education, compared with a 37 percent dropout rate for those without children.²¹ Dropping out because of pregnancy and parenting is largely preventable.

Gender Neutral Pregnancy and Parenting Policies

Consistent with the NCAA's commitment to gender equity, the Model Policy enables athletics departments to end pregnancy discrimination. When a male student-athlete's partner becomes pregnant, in most cases his team membership, playing time, health benefits and scholarship are not in jeopardy. Women student-athletes who become pregnant are entitled to the same treatment.

In addition, any athletics department team membership or scholarship policies that provide for punishment of acts of pre-marital sex should be closely scrutinized for gender neutrality. The Model Policy discourages these rules because enforcing them in a gender-neutral manner is exceedingly difficult. Fair enforcement requires an institution to actively investigate charges of premarital sex by men and women who are not pregnant, investigations most institutions are loathe to undertake. Schools can easily run afoul of Title IX when pregnant women are punished

for violating prohibitions against premarital sex, while men do not suffer the same consequences.

The strength of the Model Policy hinges on the willingness of the institutional community to allow open communication and to eliminate pregnancy discrimination. The effective implementation of the Model Policy could be adversely affected if an institution were free to retaliate against student-athletes who complain about pregnancy discrimination, or retaliate against those who engage in advocacy efforts on behalf of pregnant student-athletes. Retaliation against those who report pregnancy discrimination, however, is illegal. For example, if a certified athletic trainer reported that a coach or team member was harassing a pregnant student-athlete, that trainer would be protected from adverse treatment because of his advocacy on her behalf. From a first-year student trainer to the athletics director, anyone supporting a pregnant student-athlete's right to participate is protected by Title IX. Indeed, an effective pregnancy and parenting policy hinges on the willingness of an institutional community to speak out and eliminate discrimination.

Physical Health While Participating in Athletics during Pregnancy

During pregnancy, the health of the student-athlete and the pregnancy is of utmost concern. The NCAA supports the position that high level athletic activity – with professional healthcare monitoring and plentiful hydration to prevent overheating – is generally safe before 14 weeks of gestation.²² Ten to 15% of all pregnancies spontaneously miscarry for no explainable reason in the first trimester,²³ and a high level of fitness has been found to have no effect on this rate.²⁴

Warning Signs to Terminate Exercise While Pregnant:⁵²

- Vaginal bleeding
- Difficulty breathing (dyspnea) prior to exertion
- Dizziness
- Headache
- Chest pain
- Muscle weakness
- Calf pain or swelling (need to rule out a deep leg vein blood clot or thrombophlebitis)
- Abdominal pain, cramps, or contractions before due date (preterm labor)
- Decreased movement of the baby (decreased fetal movement)
- Vaginal leakage of clear fluid (amniotic fluid leakage)

Most pregnant athletes with normal pregnancies can safely continue to participate in team activities, with progressive modifications, as the pregnancy develops past the 14th week. As these materials demonstrate, student-athletes can and do compete successfully while pregnant, with no adverse health effects. A pregnant student-athlete and her healthcare provider should monitor her for danger signs.²⁵ She should use the same schedule as a non-athlete for seeing her healthcare provider: every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, then weekly until delivery.²⁶ If a student-athlete's competitive season will be completed before her 14th week of pregnancy, or her season begins 6-8 weeks after she delivers her child, she might well be able to meet training and competitive performance goals for the entire season.

Ideally, the team physician and the student-athlete's health care provider should work together to assist the student-athlete to safely continue her athletic participation if she wishes to do so. If the team physician and the student-athlete's physician disagree, the team physician—who is probably not an obstetrician—should defer to the health care provider with greater relevant medical expertise. Maternal health care providers, including obstetricians and nurse-midwives, are less likely to rely on stereotypes as to what pregnant student-athletes can and cannot do safely, and less likely to see pregnancy as requiring

the disruption of one's routine. Maternal health care providers perform a careful assessment of the student-athlete's overall lifestyle and health, including diet, stress levels and pre-existing medical conditions, and are best able to identify potentially threatening situations to the woman. When working collaboratively, the student-athlete's health care provider can equip the team physician to advocate for the student-athlete when there is an unnecessary barrier to the pregnant student-athlete's continued athletic participation.

The Physiologic Concerns for Pregnant Athletes

Medical monitoring is recommended during all stages of pregnancy to detect and respond to potential problems. Pregnant student-athletes need monitoring for the main physiologic concerns to ensure safe participation in athletics: stage of pregnancy, overheating, level of exertion, risk of injury, and pre-pregnancy health status.²⁷

Stage of Pregnancy: In early pregnancy, physical risk from athletics is low given appropriate health monitoring. First trimester nausea and vomiting (“morning sickness”) may interfere with athletic participation, depending on the individual, but it does not typically harm the mother or fetus. High level athletic activity, under the guidance of a health care professional and in conjunction with the certified athletic trainer and the coach, using sensible and monitored training methods, does not ordinarily place the mother or her fetus at risk before 14 weeks of gestation.²⁸

As a pregnancy progresses beyond the 14th week, some normal physiologic changes of pregnancy will affect athletic training and performance, such as weight gain, changes in

balance, the need for increased caloric intake, the need for additional cardiac output, and joint hypermobility.²⁹ Specific exercise precautions after the 14th week include avoiding training and competition in the supine (lying on the back) position, avoiding Valsalva straining (holding one's breath and straining to increase abdominal pressure as in having a bowel movement) and avoiding activities with a high risk of falling.³⁰

Some objective physical changes during pregnancy can be predicted fairly accurately for all pregnancies, such as the progression of a woman's enlarged uterus and abdomen, and changes in blood cell counts and hormone levels. Other changes occur less predictably, and will be specific to the individual. For example, some pregnant athletes may gain more or less weight or have more problems with loose joints than others.

Overheating: Overheating, or an increase in core body temperature, is one effect of exercise. A 2008 systematic review of hyperthermia studies in pregnant athletes indicated that "no actual fetal abnormalities or adverse birth outcomes had been associated with inadequate maternal-fetal thermoregulation during exercise."³¹ Additionally, women who are extremely physically fit, like collegiate student-athletes, are far superior at regulating their temperature and decreased core body temperatures during pregnancy than their non-athletic peers.³²

Level of Exertion: Increased heart rate, another effect of exercise, is a measure of physical exertion. It is safe for a pregnant student-athlete to continue her pre-pregnancy level of exertion.³³

Risk of Injury: The risk of falling and abdominal injury varies by sport contact level. For example, rugby is a high contact sport while swimming is a low contact sport. These risks should be assessed objectively. For example, in Australia, the Victorian Soccer Federation has classified soccer as a non-contact or limited contact sport.³⁴ A pregnant swimmer might be able to compete later in her pregnancy than a pregnant hockey player.

Pre-pregnancy Health Status: Careful professional monitoring of pre-existing medication use and health conditions such as asthma, cardiac conditions, and diabetes are essential for the pregnant student-athlete. While sports participation promotes good health generally, female athletes may be more susceptible to a "female athlete triad" of health disorders more frequently than non-athletes: disordered eating, amenorrhea, and osteoporosis.³⁵ Disordered eating ranges from simple dieting to clinical eating disorders like anorexia nervosa or bulimia nervosa and from inadvertent (forgetting to eat or lacking time to eat appropriately) to intentional (willful restriction of calories).³⁶ Disordered eating and osteoporosis may seriously affect maternal and fetal health during pregnancy. Since each of these conditions is known to occur in student-athletes,³⁷ their potential effects on the pregnant student-athlete warrant special attention.

As this section demonstrates, universal rules for sports participation that would cover every student-athlete participating in every sport are not possible. Continued participation in sports should be individually determined by the student-athlete, her maternity care provider, and the team physician and trainer, with the overarching goal of continued academic retention and progress.

Emotional Health Concerns for Pregnant and Parenting Athletes

A. Pregnancy is likely a distressing event for a student-athlete

Pregnancy is an emotion-laden process for all women, and is especially so for a student-athlete. All student-athletes – male and female – bear responsibility for preventing pregnancy if they are sexually active and do not desire to have children. However, it is important to remember that pregnancy may also result from non-consensual sexual activity or from responsible birth control use. In addition to the physical changes of pregnancy encountered by female student-athletes, male and female student-athletes must deal with overwhelming psychological and social challenges.³⁸ An unintended pregnancy requires student-athletes to re-examine their personal, athletic, and academic goals, throwing the student-athlete into disequilibrium. Usual defense mechanisms lose their effectiveness and maladaptive behaviors may result.³⁹ An unintended pregnancy is a risk factor for depression.⁴⁰ After years of training and sacrifice in preparation for intercollegiate athletics, they may agonize that their athletic, academic and professional goals will never be accomplished. Both male and female student-athletes must place the pregnancy, subsequent decisions, and future actions into the context of personally-held moral and religious beliefs.

The number of decisions demanded of a student-athlete dealing with pregnancy are numerous. The student-athlete must decide whether to continue or terminate the pregnancy, whether to parent or place the child in an adoptive home, how to continue with academic goals and professional goals, how to pay for medical and living expenses, and

how to tell significant others such as their coach, peers, boyfriend, and family members. The student-athlete may need to mourn the end of the pregnancy, whether through miscarriage or abortion.

The campus community may place additional psychological stress on the student-athlete with their views about pregnancy and student-athletes. Pregnancy is frequently viewed as the female student-athlete's "fault," getting caught having unprotected premarital sex or other forms of moral turpitude. Some may consider the student-athlete to be taking advantage of scholarship funds or not being "responsible" or a "team player" by getting pregnant or failing to terminate the pregnancy. Wading through these decisions in an unsupportive environment, the female student-athlete legitimately fears abandonment by her primary support system; her boyfriend, her coach and her teammates when they learn of her pregnancy.

B. Navigating difficult transitions

For those who decide to carry the pregnancy to term, impending role changes include a shift from student-athlete to parent, from physically fit individual to the realities of weight gain and body image changes, from high level athletic performance to temporarily reduced performance, from "body as self" to "body as host to another."⁴¹ All of these can be exceedingly difficult transitions, particularly if there is no readily apparent support. If these shifts are coupled with negative views expressed by her coaches and campus community, fear of abandonment may consciously or unconsciously motivate the pregnant student-athlete to either conceal her pregnancy, feel pressured to choose abortion, or worse.

A male student-athlete whose partner becomes pregnant needs support as well. Although males do not experience physical changes associated with pregnancy, they may suffer considerable psychological stress. They may have concerns about the health of their pregnant partner, they may worry about their ability to emotionally and financially contribute to the child. They may disagree with their partner about the pregnancy, whether to carry the pregnancy to term or to terminate the pregnancy. They may question their readiness for fatherhood, including the personal and financial obligations they face. They may need to mourn the child they could not have.

C. Worst case scenarios

Several negative stories in the media document the hostile environment some pregnant student-athletes confront. Student-athletes have reported feeling forced to have an abortion or risk losing their athletic award,⁴² while others concealed their pregnancy while they continue to train and compete.⁴³ In “Melissa's Story,” a popular young female student-athlete at a Christian college believed she would be expelled if she told anyone, and hid her pregnancy and ultimately chose an abortion.⁴⁴ Larissa Bellamy, a Lafayette College discus and shot put student-athlete, felt intimidated and shocked when her coach suggested she “make the mature decision” to select abortion.⁴⁵ Other student-athletes have been dismissed from their athletics teams when they told their coach that they chose to have a legal abortion. None of these student-athletes could rely on their institution’s pregnancy policy to protect them during their crisis.

Some student-athletes have been able to conceal their pregnancy, only getting medical and

emotional help just before the birth. Ashley Shields continued to play basketball at Northwestern Mississippi Community College until her eighth month of pregnancy before giving birth to a healthy son.⁴⁶ Syracuse University basketball player Fantasia Goodwin returned to the basketball court after hiding her pregnancy until just before the last game of the season. She gave birth to a healthy daughter April 19th, 2007.⁴⁷ Connie Neal played eleven games in 2003 before she told her coaches at the University of Louisville. Her last game was December 20th, and she gave birth to her daughter on January 31st. She returned in time to complete the remainder of the season.⁴⁸ While these stories have happy endings with healthy children and a student-athlete on-track to graduate, others have not.

The scenario that every university and athletics department would like to avoid is a student-athlete’s concealed pregnancy that results in loss of life. In two separate incidents during 2007, two freshmen student-athletes killed their full-term infants in their college dorm rooms after concealing their entire pregnancies.⁴⁹ These student-athletes, one of whom reportedly had a sports physical two days before her delivery, did not seek out medical care or emotional counseling. It is impossible to know with certainty what would have happened if the school had adopted and publicized the Model Policy at these two institutions. However, an institution that communicates the athletics department’s policy on pregnancy, tells student-athletes that their team participation and athletics award is safe regardless of their choices about their pregnancy, provides information about health care, child care, and legal protections by federal and state laws, adoption resources and applicable Safe Havens laws,⁵⁰ is far less likely to have a death or infant homicide in their department.

Pregnancy Disclosure Requirements are Discouraged

Many schools require that student-athletes waive their rights to medical privacy or disclose existing medical conditions. The Model Policy discourages such disclosure requirements for pregnancy for several reasons. First, the pregnancy may be timed so as not to impact the student's ability to perform athletically, making the disclosure unnecessarily intrusive. Second, ten to fifteen percent of all pregnancies spontaneously miscarry for no explainable reason in the first trimester. Third, the pregnant student-athlete has choices regarding the pregnancy; she may decide to terminate the pregnancy or she may decide to carry the pregnancy to term. The student-athlete often needs time and space to sort through the emotional issues and life-long decisions about the pregnancy, time that is typically medically safe to take while continuing to participate in athletics. A disclosure requirement is more likely to pressure her to make a rushed decision about the pregnancy. Ideally, the supportive environment envisioned under the Model Policy will enable student-athletes to seek out medical and emotional help as needed rather than due to a compulsory or inflexible disclosure requirement.

Pregnancy Status and Privacy

When the student-athlete discloses the pregnancy to the team physician, the Model Policy supports the decision to keep that information confidential as long as it is medically safe to do so. The ethical dilemma for professional healthcare providers, including team physicians and certified team trainers, is to simultaneously protect the health of the student-athlete, her pregnancy and her privacy. Optimally, every health care provider can meet both ethical requirements concurrently with appropriate health interventions in a private setting. However,

imperfections must be acknowledged; some student-athletes will try to conceal their pregnancy inappropriately or try to exercise more strenuously than is medically sound. Some health care providers will gossip or use trumped up medical justifications to exclude her from team participation. However, a policy that puts the student-athlete in control of revealing her pregnancy status will enable her to make better decisions about her pregnancy and make it less likely she will hide it unnecessarily.

Finding Experts within the Institution

The NCAA encourages institutions to reach out to experts in the broader academic community for valuable interdisciplinary information, support, and perspective to assist the student-athlete in making difficult life decisions about pregnancy and parenting. The female student-athlete may not realize that she has time to decide what to do before action is needed. This “neutral counsel” may include the Faculty Athletics Representative, professionals in nursing, medicine, counseling, women's services, and student health services. Typically these resources are available without cost in the university setting. The interdisciplinary team can assist the athletics department in implementing this Model Policy to meet the needs of their student-athletes.

Embracing an Ethic of Caring

Athletics is about competition. It is also about the student-athlete's health, well-being, and continued academic progress. There are times when it is not possible for student-athletes to contribute meaningfully to the team's success due to injuries or illnesses associated with temporary disabilities including pregnancy. Adjustments are made for those who are sick or not

at their best due to common human maladies and struggles. A policy that protects team participation and financial aid expresses the high value that athletics and the institution place on the individual paths of each student-athlete, not just their potential to contribute to a win-loss record.

The concerns and issues described are not new ones for student-athletes confronting pregnancy. Many persons in athletics departments have traversed these same transitions in life successfully, either personally or while mentoring student-athletes. A well-developed policy can empower those in athletics departments to help student-athletes navigate these critical decisions through a primary support system that meets the standards expected of those entrusted with the student-athlete's health and well-being.

Summary

The benefits of sports participation for student-athletes, particularly females, are astounding: higher grades and graduation rates, development of leadership and teamwork skills, and life-long physical and emotional health boosts.⁵¹ With these remarkable life-long advantages women gain from sports participation, and with the medical safety assurances, pregnant and parenting student-athletes may continue their participation in the educational experience of athletics. The NCAA's Model Pregnancy and Parenting Policy is provided to help institutions deal with the inevitability of pregnancy in a compassionate manner that is gender-neutral, compatible with NCAA Bylaws and federal anti-discrimination laws, and consistent with the NCAA's mission to integrate intercollegiate athletics into higher education and support student-athlete graduation.

Footnotes

1. See NCAA History. Available at: <http://www.ncaa.org/about/history.html>
2. NCAA Core Purpose. Available at: <https://www.ncaa.org/wps/ncaa?ContentID=1352>
3. The NCAA Academic Progress Report (APR) provides a benchmark for how well athletic programs maintain eligibility and graduate athletes. Athletic teams whose members are not progressing toward graduation or do not graduate can lose up to ten percent of available scholarship awards. Available at: <http://www.ncaa.org/wps/ncaa?ContentID=276>
4. Thompson, Ron A; Sherman, Roberta Trattner (undated). NCAA Managing Student-Athletes' Mental Health Issues. Available at: <http://www.ncaa.org/wps/ncaa?ContentID=283> .
5. 2006–2007 Division I Athletics Certification Handbook, NCAA. Available at: <http://www.ncaa.org/wps/ncaa?ContentID=37341>. (“An athletics program can be considered gender equitable when the participants in both the men's and women's programs would accept as fair and equitable the overall program of the other gender.”)
6. See “Case Studies” in these materials.
7. Moos, M. (2003). Unintended pregnancies: A call for nursing action. *MCN: The American Journal of Maternal Child Nursing*, 28, 24-31; Finer, L. & Henshaw, S. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38, 90-96. (Estimates of pregnancy rates in college students range widely, between 1.5% and 45%.)
8. American College Health Association. (2005). Reference group executive summary Fall 2005. Available at: http://www.acha.org/projects_programs/NCHA_docs/ACHA-NCHA_Reference_Group_Executive_Summary_Fall2005.pdf

9. American College Health Association. (2005). Reference group executive summary Fall 2005. Available at: http://www.acha.org/projects_programs/NCHA_docs/ACHA-NCHA_Reference_Group_Executive_Summary_Fall2005.pdf (n = 16,832; mean age 22.6 ± 6.5 years)
10. American College Health Association. (2005). Reference group executive summary Fall 2005. Available at: http://www.acha.org/projects_programs/NCHA_docs/ACHA-NCHA_Reference_Group_Executive_Summary_Fall2005.pdf
11. Naber, J. & Perlow, M. (2006). Self-protecting behaviors in college females. *Kentucky Nurse*. Available at: http://findarticles.com/p/articles/mi_qa4084/is_200604/ai_n16123646/pg_1. (n = 92; mean age 20.4 ± 1.6 years.)
12. U.S Department of Health and Human Services. (1997). Centers for Disease Control and Prevention November 14, 1997 Morbidity and Mortality Weekly Report: Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey—United States, 1995. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00049859.htm>
13. Finer, Lawrence B. & Henshaw, Stanley K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38, 90-96.
14. Finer, Lawrence B. & Henshaw, Stanley K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38, 90-96.
15. Miller, K.E., Sabo, D., Farrell, M.P., Barnes, G.M., and Melnick, M.J. (1999). "Sports, sexual activity, contraceptive use, and pregnancy among female and male high school students: Testing cultural resource theory." *Sociology of Sport Journal*, 16:366-387; See generally Don Sabo et. al., *The Women's Sports Foundation Report: Her Life Depends On It: Sport, Physical Activity and the Health and Well-Being of American GIRLS* (2004).
16. Dodge, T., and Jaccard, J. (2002). "Participation in athletics and female sexual risk behavior: The evaluation of four causal structures." *Journal of Adolescent Research*, 17:42-67; Miller, K.E., Sabo, D., Farrell, M.P.,

Barnes, G.M., and Melnick, M.J. (1999). "Sports, sexual activity, contraceptive use, and pregnancy among female and male high school students: Testing cultural resource theory." *Sociology of Sport Journal*, 16:366-387; Page, R.M., Hammermeister, J., Scanlan, A., and Gilbert, L. (1998). "Is school sports participation a protective factor against adolescent health risk behaviors?" *Journal of Health Education*, 29(3):186-192; Rome, E.S., Rybicki, L.A., and Durant, R.H. (1998). "Pregnancy and other risk behaviors among adolescent girls in Ohio." *Journal of Adolescent Health*, 22:50-55; Sabo, D., Miller, K.E., Farrell, M.P., Barnes, G.M., and Melnick (1998). *The Women's Sports Foundation Report: Sport and Teen Pregnancy*. East Meadow, NY: Women's Sports Foundation. See generally Don Sabo et. al., "The Women's Sports Foundation Report: Her Life Depends On It: Sport, Physical Activity and the Health and Well-Being of American Girls" (2004).

17. Sabo, D., Miller, K.E., Farrell, M.P., Barnes, G.M., and Melnick (1998). *The Women's Sports Foundation Report: Sport and Teen Pregnancy*. East Meadow, NY: Women's Sports Foundation. (Reduced pregnancy rates for athletes were found for white, African American and Latina girls in a nationwide sample.)
18. Kokotailo, P.K., Kosciak, R.E., Henry, B.C., Fleming, M.F., and Landry, G.L. (1998). "Health risk taking and human immunodeficiency virus risk in collegiate female athletes." *Journal of American College Health*, 46(6):263-268.
19. Sorensen, Elizabeth A., Sincoff, Michael Z. & Siebeneck, Erin M. (2008). *The Need for an Effective Student-Athlete Pregnancy and Parenting Policy*. (Unpublished.)
20. Sorensen, Elizabeth A., Sincoff, Michael Z. & Siebeneck, Erin M. (2008). *The Need for an Effective Student-Athlete Pregnancy and Parenting Policy*. (Unpublished.)
21. U.S. Department of Education, National Center for Education Statistics. *Short-Term Enrollment in Postsecondary Education: Student Background and Institutional Differences in Reasons for Early Departure, 1996-98*, 33-35 (November 2002). Available at <http://nces.ed.gov/pubs2003/2003153.pdf> (Of those who started at a public 4-year institution in 1995-96 but left without a credential and did not return by the spring of 1998, 60.3% had more dependents than when they began college. For private not-for-profit 4-year institutions, that number was 58.9%, and for public 2-year institutions, the number was 61%. For private

not-for-profit 4-year institutions, the drop-out number was 58.9%, as compared with 37% drop out rate for students who did not have children.)

22. NCAA 2008-09 Sports Medicine Handbook Guideline 3b: Participation by the pregnant student athlete, p. 80, 81. Available at: <http://www.ncaa.org/wps/ncaa?ContentID=283>.
23. Schieve, Laura A., Tatham, Lilith, Peterson, Herbert B., Toner, James & Jeng, Gary (2003). Spontaneous abortion among pregnancies conceived using assisted reproductive technology in the United States. *Obstetrics and Gynecology*, 101, 959-967. Available at: <http://acoginl.highwire.org/cgi/content/abstract/101/5/959>
24. Lewis, Beth; Avery, Melissa; Jennings, Ernestine; Sherwood, Nancy; Martinson, Brian; & Crain, A. Lauren (2008). The effect of exercise during pregnancy on maternal outcomes: Practical implications for practice. *American Journal of Lifestyle Medicine*, 2(5), 441-455. Available at: <http://ajl.sagepub.com/cgi/reprint/2/5/441> ; NCAA 2008-09 Sports Medicine Handbook Guideline 3b: Participation by the pregnant student athlete, p. 80, 81. Available at: <http://www.ncaa.org/wps/ncaa?ContentID=283>.
25. See "Warning Signs," Sidebar.
26. Lowdermilk, D. & Perry, S. (1999). *Maternity Nursing* (6th ed.). St. Louis: Mosby.
27. "Exercise during pregnancy and the postpartum period," ACOG Committee Opinion No. 267. American College of Obstetricians and Gynecologists. *Obstet Gynecol*, 2002; 99: 171-173.
28. Kardel, Kristin Reimers (2004). Effects of intense training during and after pregnancy in top-level athletes. *Scandinavian Journal of Medicine & Science in Sports*, 15, 79-86.
29. Edwards, M. (1986). Hyperthermia as a teratogen: Review of experimental studies and their clinical significance. *Teratogenic Carcinogens & Mutagens*, 6, 563-82.
30. American College of Obstetricians & Gynecologists. (1992). Exercise during pregnancy and the post-partum period. American College of Obstetricians and Gynecologists Technical Bulletin Number 189. Washington DC: American College of Obstetricians and Gynecologists.

31. Pivarnik, J., Perkins, C. & Moyerbrailean, T. (2003). Athletes and pregnancy. *Clinical Obstetrics and Gynecology*, 46(2), 403-414.
32. Pivarnik, J., Perkins, C. & Moyerbrailean, T. (2003). Athletes and pregnancy. *Clinical Obstetrics and Gynecology*, 46(2), 403-414.
33. "Exercise during pregnancy and the postpartum period," ACOG Committee Opinion No. 267. American College of Obstetricians and Gynecologists. *Obstet Gynecol*, 2002; 99: 171-173.
34. Victorian Soccer Federation (2003). Pregnancy: Participation of the pregnant athlete in soccer. (The VSF also prohibits using pregnancy as justification for preventing an individual from competing in soccer. The VSA recommends that if the pregnancy is progressing normally in the first trimester, then ongoing consultation with the physician or obstetrician may make participation possible into the second trimester.)
35. American College of Sports Medicine Position Stand: The Female Athlete Triad. *Medicine & Science in Sports & Exercise*, 2007; 1867-1882; See also, The Female Athlete Triad, NCAA Publications. Available at: http://www1.ncaa.org/membership/ed_outreach/health-safety/sports_med_education/triad/triad_prevention.htm
36. Id.
37. Thompson, Ron A; Sherman, Roberta Trattner (undated). NCAA Managing Student-Athletes' Mental Health Issues. Available at: <http://www.ncaa.org/wps/ncaa?ContentID=283> .
38. Davidson, Michele, London, Marcia & Ladewig, Patricia (2008). *Olds' Maternal-Newborn Nursing and Women's Health Across the Lifespan* (8th ed.). Pearson Education: Upper Saddle River, New Jersey, pp. 326-327.
39. Davidson, Michele, London, Marcia & Ladewig, Patricia (2008). *Olds' Maternal-Newborn Nursing and Women's Health Across the Lifespan* (8th ed.). Pearson Education: Upper Saddle River, New Jersey. pp. 326-327.

40. Messer, Lynne C., Dole, Nancy, Kaufman, Jay S., & Savitz, David A. (2005). Pregnancy intendedness, maternal psychosocial factors and preterm birth. *Maternal and Child Health Journal*, 9(4), 403-412. Available at: <http://www.springerlink.com/content/3305278w43101t44>
41. Davidson, Michele, London, Marcia & Ladewig, Patricia (2008). *Olds' Maternal-Newborn Nursing and Women's Health Across the Lifespan* (8th ed.). Pearson Education: Upper Saddle River, New Jersey. pp. 326-327.
41. Lindsay Rovegno, "Athletes often forced into heartbreaking decisions" *ESPN Outside the Lines*, May 2007. Available at: <http://sports.espn.go.com/ncaa/news/story?id=2865230>
42. Pat Ford, "Athlete kept pregnancy secret, played for eight months. *Cincinnati Enquirer*," March 6, 2004. Available at: http://www.enquirer.com/editions/2004/03/06/spt_spthoop1pr.html; Zach Schonbrun, "Fantasia Goodwin speaks out," *Syracuse Daily Orange*, April 25, 2007. Available at: <http://media.www.dailyorange.com/media/storage/paper522/news/2007/04/25/Sports/Year-In.Sports.Fantasia.Goodwin.Speaks.About.Pregnancy-2878171.shtml>YBrowser.HTML/Shell/Open/Command; Patricia Babcock McGraw, "Pregnant athletes at center of debate," *Chicago Daily Herald*, September 29, 2007. Available at: <http://www.dailyherald.com/story/print/?id=47938>
43. Anonymous, "Melissa's story: Pregnant female athlete," Available at: www.fwhc.org/stories/melissa.htm
44. Portnoy, J. (2004). Lafayette student fights to break college norm. *The Express-Times*, November 11, 2004.
45. Greg Auman, "For pregnant athletes, a unique circumstance," *St. Petersburg Times*, February 24, 2008. Available at: http://www.sptimes.com/2008/02/24/Sports/For_pregnant_athletes.shtml
46. Zach Schonbrun, "A delicate line," *Syracuse Daily Orange*, October 21, 2007. Available at: <http://media.www.dailyorange.com/media/storage/paper522/news/2007/10/02/Sports/A.Delicate.Line-3004506.shtml>

47. Pat Ford, "Athlete kept pregnancy secret, played for eight months," *Cincinnati Enquirer*, March 6, 2004. Available at: http://www.enquirer.com/editions/2004/03/06/spt_spthoop1pr.html
48. Paul Steinbach, "Unplanned parenthood," *Athletic Business*, November 2007. Available at: <http://www.athleticbusiness.com/articles/article.aspx?articleid=1656&zoneid=28>; Paul Steinbach, "Tragedy revisited," *Athletic Business*, November 2007. Available at: <http://www.athleticbusiness.com/articles/fastbreak.aspx?a=1670&z=85>
49. Approximately 47 States and Puerto Rico have enacted Safe Haven legislation. See, "Infant Safe Haven Laws," *Child Welfare Information Gateway*, July 2007. Available at: http://www.childwelfare.gov/systemwide/laws_policies/statutes/safehaven.cfm (Safe haven laws generally allow the parent or guardian to legally abandon a live, unharmed infant less than 72 hours old in areas such as a police station, hospital, or fire station. The parent or guardian can remain anonymous and to be shielded from prosecution for abandonment or neglect in exchange for surrendering the baby to a safe haven.)
50. Donald Sabo, K.E. Miller, Michael J. Melnick, Leslie Heywood, *WOMEN'S SPORTS FOUNDATION REPORT: HER LIFE DEPENDS ON IT: SPORT, PHYSICAL ACTIVITY AND THE HEALTH AND WELL-BEING OF AMERICAN GIRLS*, (2004). (A comprehensive survey of scientific research on girl's health and physical activity. The available research demonstrates that physical activity and sports participation are fundamental solutions for many of these serious health and social problems faced by our nation's young girls and women.) Available at: <http://www.womenssportsfoundation.org/~media/Files/PDFs%20and%20other%20files%20by%20Topic/Issues/Body%20and%20Mind/H/Download%20the%20full%20report.pdf>



A Review of Federal Law and NCAA Rules Impacting Treatment of Pregnant and Parenting Student-Athletes

The NCAA Model Pregnancy and Parenting Policy provides a set of guidelines to enhance the educational experience for college student-athletes who become pregnant or experience pregnancy-related conditions. It identifies the most common issues related to pregnancy and participation in athletics, and the appropriate way to provide effective support that is grounded in an ethic of care for these student-athletes. This section reviews the legal framework and applicable NCAA rules within which the Model Policy was developed.

Title IX and the NCAA Model Pregnancy and Parenting Policy

Title IX,¹ its regulations, and the policies of the Office for Civil Rights (“OCR”) provide the primary legal support for the Model Policy. The United States Constitution, state constitutions and state laws may provide additional protections for pregnant or parenting student-athletes.² Most athletics departments are familiar with the 1975 Title IX Regulations interpreting Title IX’s broad prohibition against sex discrimination in education to include athletics.³ The Title IX Regulations establish a framework for compliance in three areas: participation, scholarships, and treatment or benefits.⁴ They also prohibit institutions from discrimination based on parental status and pregnancy.⁵ While there is very little case law interpreting the latter provisions of the Title IX Regulations,⁶ on June 25, 2007, the Office for Civil Rights of the U.S. Department of Education (“OCR”) sent out a “Dear Colleague Letter” that affirms the application of the pregnancy-related portions of the Regulations to athletics departments, and summarizes a school’s obligations to pregnant student-athletes.⁷ (“OCR Letter”).

The sections of the 1975 Title IX Regulations relating to pregnancy are short and the relevant provisions are reproduced here:

Section 106.40 - Marital or parental status

- (a) Status generally. A recipient shall not apply any rule concerning a student's actual or potential parental, family, or marital status which treats students differently on the basis of sex.
- (b) Pregnancy and related conditions.
 - (1) A recipient shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the student requests voluntarily to participate in a separate portion of the program or activity of the recipient.
 - (2) A recipient may require such a student to obtain the certification of a physician that the student is physically and emotionally able to continue participation in the normal education program or activity so long as such a certification is required of all students for other physical or emotional conditions requiring the attention of a physician.
 - (4) A recipient shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom in the same manner and under the same policies as any other temporary disability with respect to any medical or hospital benefit, service, plan or policy which such recipient administers, operates, offers, or participates in with respect to students admitted to the recipient's educational program or activity.

- (5) In the case of a recipient which does not maintain a leave policy for its students, or in the case of a student who does not otherwise qualify for leave under such a policy, a recipient shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom as a justification for a leave of absence for so long a period of time as is deemed medically necessary by the student's physician, at the conclusion of which the student shall be reinstated to the status which she held when the leave began.

Federal Protection Against Pregnancy Discrimination

The Title IX Regulations set forth a general ban on pregnancy discrimination, stating that schools must treat pregnancy and all related conditions in the same way as they treat any other temporary disability.⁸ In other words, pregnant student-athletes are to be treated the same as student-athletes with a knee injury or mononucleosis. In addition, the Regulations provide special protection for pregnant students by requiring an institution to provide them with necessary medical leave, and to reinstate them to the same status as they held when the leave began, even if the school does not have a leave policy or if the students do not qualify under its policy.⁹

The OCR Letter mirrors the Regulations, and discusses the regulatory requirement to treat pregnancy in the same way as other temporary medical conditions in the athletics context.¹⁰ It stresses that financial assistance to student-athletes cannot be terminated or reduced on the basis of pregnancy, and that institutions cannot require female student-athletes to sign athletic contracts listing pregnancy as an infraction.¹¹

Although student-athletes are not employees¹² and there is a separation between collegiate sports and professional sports, Title IX's protections for pregnancy are similar to those barring pregnancy

discrimination in the workplace.¹³ As a general matter, employees have an expectation that they will not be forced to stop working arbitrarily, they will not lose their jobs due to pregnancy, and they will be able to return to work when it is medically safe to do so.¹⁴ Students should have the same expectations regarding their educational pursuits, including athletics.

Taken together, the Title IX Regulations and OCR Letter protect a student-athlete who decides to carry her pregnancy to term, to parent a child, or to terminate her pregnancy. A university may not assume that pregnancy makes it unsafe for a student-athlete to continue to play. The pregnant student-athlete can both continue to participate in the athletics program as long as it is medically safe, and she can return to the team once it is medically safe to do so, as determined by the student-athlete and her healthcare provider. The law allows time for her rehabilitation and for her medical care in some circumstances. The Title IX Regulations also apply to a male student-athlete, protecting him from adverse treatment on the basis of his “actual or potential parental, family or marital status”.¹⁵

The Title IX Regulations and these guidelines should be considered a floor and not a ceiling, meaning that institutions can provide additional support to help pregnant and parenting student-athletes and their partners cope with their needs.

1. A Pregnant Student-Athlete’s Physician Should Make Medical Decisions Regarding Sports Participation.

The Model Policy supports decision-making by the student-athlete in conjunction with her professional healthcare provider. Medical decisions regarding the need for and the nature of

limitations on sports participation should rest with the student-athlete and her medical professionals. Where the opinions or recommendations of these professionals differ from those of team physicians or trainers, coaches should defer to the student-athlete’s health care providers who are obstetricians or other experts in pregnancy and related conditions. These providers have expertise in evaluating activity that will be safe for the student-athlete, and are less likely to be influenced by out-dated stereotypes about pregnancy.¹⁶

An institution cannot automatically exclude a pregnant student-athlete from sports participation, but it can require certification from her physician, if such certification is required from student-athletes with other medical conditions.¹⁷ Medically necessary absences from team activities due to pregnancy should be considered excused absences.¹⁸

2. A Student-Athlete with a Pregnancy-Related Condition Must Be Provided with the Same Types of Modifications Provided to Other Student-athletes to Allow Continued Team Participation.

The Model Policy and its guidelines contemplate continued participation during pregnancy. Sports participation typically is not an all-or-nothing endeavor. Workouts are commonly modified to accommodate athletic injuries. Swimmers with hurt shoulders can still kick through workouts; wrestlers avoid maneuvers that could inflame a teammate’s knee injury; baseball and softball players with foot injuries continue workouts in batting cages; student-athletes returning after an illness gradually return to full workouts; and student-athletes with running injuries are commonly sent to the pool for their workouts. Pregnancy-related conditions may also require modifications to workouts and team activities, particularly in the later stages of pregnancy. The types of

modifications to athletic activities made for ill or injured student-athletes must also be made for student-athletes with pregnancy-related conditions.¹⁹

3. Pregnant Student-Athlete Cannot Be Harassed Due to Pregnancy.

The actions and attitudes of athletics department personnel are critically important to a student-athlete's continued educational progress and to the school's compliance with the law. Medical clearance and a reduced workout schedule become irrelevant if a coach is hostile toward pregnancy; belittles, shuns or shames the student-athlete because she is pregnant; or allows others to do the same. Such conduct is also unlawful. Because pregnancy discrimination is sex discrimination, comments or behaviors creating a hostile environment on the basis of pregnancy are prohibited under Title IX.²⁰ In addition, athletics department personnel must act quickly to thwart harassment by peers or other third parties.²¹

4. A Student-Athlete Whose Athletic Career is Interrupted Due to a Pregnancy-Related Condition Will Typically Be Entitled to a Waiver to Extend Her Athletic Career.

NCAA bylaws offer student-athletes extensions that may apply during a student's athletic career, typically referred to as a "red-shirted" year. Under these rules, student-athletes may be granted an additional year of competition due to "hardship."²² These rules allow student-athletes to complete four seasons of competition during five consecutive calendar years after initial full time collegiate enrollment for Division I or four seasons of participation during the first 10 semesters or 15 quarters in which the student is enrolled in a collegiate institution in at least a minimum full-time program of studies for Divisions II and III.²³ In addition, NCAA bylaws specifically permit member

institutions to approve an extra one-year extension of the five-year period or 10- semester/15- quarter period of eligibility for a female student-athlete due to her pregnancy.²⁴ The bylaw allows pregnant student-athletes to complete four years of competition within six years or 12 semesters/18 quarters. A pregnant student-athlete who competed during, but did not complete the season, may be granted a hardship waiver and be awarded an additional season of competition, provided there is contemporaneous medical documentation that indicates the student-athlete was unable to compete for the remainder of the season.²⁵

Consistent with Federal laws, these NCAA bylaws prohibit institutions from failing to extend a student-athlete's eligibility due to pregnancy, childbirth, false pregnancy, and termination of pregnancy or recovery therefrom when that institution provides for extensions for student-athletes with temporary disabilities.²⁶ If, on the other hand, an institution does not take advantage of the NCAA's permissive rules permitting waivers to any of its student-athletes, it would not be required to grant a waiver to a student-athlete whose athletic career was interrupted due to a pregnancy-related condition.

5. Legal Prohibitions Against Discrimination Apply to Recruiting.

An institution's recruiting policies or practices may not discriminate against female student-athletes who are pregnant or parenting.²⁷ If coaches want to ask potential recruits about their pregnant or parenting status, they must ask the same questions of males and females. If an institution recruits student-athletes who are fathers or are about to become fathers,²⁸ they must utilize the same recruiting standards for their female recruits.²⁹ Therefore, a heavily recruited high school female student-athlete who becomes pregnant prior to signing her letter of intent must receive the same

treatment from the institution that a male student-athlete whose partner is expecting a child or who has fathered a child would receive.

6. Athletics Financial Aid Awards Cannot be Conditioned on not Becoming Pregnant.

Athletics awards cannot include a clause that would make pregnancy an infraction of the terms of the award.³⁰ In addition, any non-athletically related conditions included in the award must be gender-neutral.³¹ For example, if pre-marital sex is to be prohibited, the prohibition must apply to both male and female student-athletes equally.³² To enforce any such provisions, institutions must utilize methods other than pregnancy to detect whether pre-marital sex has occurred. Otherwise, because only women become pregnant, only women-athletes would suffer penalties from these conditions on their athletics awards. Institutions wishing to enforce rules against premarital sex must be willing and able to investigate charges of premarital sex in a gender-neutral fashion.

7. A Pregnant Student-Athlete's Athletics Financial Aid Award is Absolutely Protected during the Term of the Award.

Once an athletics award has been made (typically for one-year) it cannot be withdrawn due to pregnancy, suspected pregnancy, parenthood or termination of pregnancy. As long as a student-athlete remains in good standing academically and does not withdraw voluntarily, a pregnant student-athlete's scholarship is protected from being reduced or withdrawn in a number of ways.

First, NCAA bylaws offer student-athletes a number of protections. In general, athletics departments cannot reduce or cancel an athletics award once the letter of agreement has been signed nor during the term of the award without serious misconduct, withdrawal from the

university, academic ineligibility, or fraudulent misrepresentation of information on an application, letter of intent or financial aid agreement.³³ For example, financial aid cannot be terminated or reduced because a student-athlete arrives at school in poor physical condition,³⁴ is not as skilled as the department expected, performs poorly in athletics contests, or fails to contribute to the team's success.³⁵ In addition, NCAA bylaws protect a student-athlete's scholarship when he or she becomes ill, including an extended illness like mononucleosis, or is injured, including injuries sustained outside of athletics such as in a car accident.³⁶ These NCAA bylaws are consistent with those for other merit based scholarships awarded by a university, and are part of an ongoing commitment to fully integrate athletics into the educational institution as a whole.

Consistent with non-discrimination principles, a pregnant student-athlete is entitled to keep her scholarship under the same NCAA bylaws that allow an injured or ill student-athlete to keep receiving his or her award.³⁷ A pregnant student-athlete's scholarship is thereby protected in the same way as that of a student-athlete who does not compete because of an injury, illness, or other reason such as poor performance.³⁸

Another section of the Title IX Regulations also protects athletics awards.³⁹ Section 106.37 of the Regulations prohibits an institution from applying any eligibility rule on financial assistance differently based on sex or parenting status. If an institution provides financial assistance for student-athletes with temporary disabilities, it must provide equivalent financial assistance to student-athletes with pregnancy related conditions. Finally, the pregnant student-athlete's athletics award is protected under the absolute approach set forth in the OCR Letter, "...terminating or reducing financial assistance on the basis of pregnancy or a related condition is prohibited under Title IX."⁴⁰

8. A Pregnant Student-Athlete's Athletics Award Renewal May Be Protected.

In many situations, the renewal of a student-athlete's athletics award will also be protected. Although NCAA bylaws prohibit athletics awards beyond a one-year time period,⁴¹ many institutions regularly renew athletics awards for injured and ill student-athletes, particularly when the student-athletes are working with their medical team and trainers to rehabilitate themselves. Even in cases of career-ending injuries, many institutions continue to renew the student-athlete's athletics award and find other ways to keep him or her engaged with the athletics department. Since the Title IX Regulations require institutions to treat student-athletes with pregnancy related conditions the same way they treat other ill or injured student-athletes,⁴² those institutions must renew the award of a pregnant student-athlete who likewise remains engaged with the athletics department.

The protection for renewal of an athletics award is not as strong as the protection during the term of the award. Athletics departments cannot fail to renew because of pregnancy or poor physical fitness due to pregnancy,⁴³ but they may do so for other reasons. For example, if the student-athlete were to cease communicating with the athletics department, if she does not comply with the rehabilitation plan outlined by her physician, or if she chooses to become disengaged with the program, and her pregnancy or complications from her pregnancy were not the reasons for her actions, the institution would not be required to renew her athletics award.

If a student-athlete's award is to be non-renewed, the athletics department must notify the student-athlete in writing with the reason for the non-renewal on or before July 1st prior to the academic year in which the non-renewal is to be effective.⁴⁴ The student-athlete then has the right to appeal the non-renewal to a non-athletic board on campus,

a. Case Study #1: Student-Athlete, Alice Aleesa, University of Alaskippi.

Alice Aleesa became pregnant in December 2007, the middle of the basketball season. Ms. Aleesa's physician, UA's Health Center physicians, medical staff and athletic trainers worked closely with Ms. Aleesa during her pregnancy and monitored her sports participation. She continued to participate until her physician and the UA team determined it was medically unwise to do so. She continued to attend team functions. UA kept Ms. Aleesa on scholarship for the remainder of the academic year, where she finished in good academic standing. On July 12, 2008 Ms. Aleesa gave birth to a healthy child, but with severe complications. She was released from the hospital days after the delivery. Ms. Aleesa was scheduled to report back to campus on August 4, 2007 for student-athlete orientation. However, due to the complications from her pregnancy and childbirth, Ms. Aleesa was unable to attend practices, and was not physically fit. Her physician had not cleared her for sports participation, she still could not perform a single sit-up, and she was 30 pounds above her normal competition weight. Because these conditions are the result of pregnancy, as long as she remains engaged with the athletics department, Ms. Aleesa's athletics award renewal would be protected.

b. Case Study #2: Student-Athlete, Bessie Begnini at the University of Bestenville.

Bessie Begnini confirmed she was pregnant in August, 2007, at the beginning of field hockey season. Ms. Begnini's physician, BU's Health Center physicians, medical staff and athletic trainers worked closely with Ms. Begnini during her pregnancy and monitored her sports participation. She continued to participate until her physician and the BU team determined it was medically unwise to continue. BU kept Ms. Begnini on scholarship for the remainder of the academic year, where she finished in good academic standing. On April 1, 2008 Ms. Begnini gave birth to a healthy child after a normal delivery. On May 15, 2008, Ms. Begnini's physician determined she was physically and mentally able to return to sports participation. The BU rehabilitation team created a plan for her to lose weight and return to the field hockey team. However, Ms. Begnini did not attend those scheduled sessions or communicate with the athletics department. Her actions were not due to her pregnancy or complications from her pregnancy. On July 1, 2008 the athletics department notified Ms. Begnini in writing that her scholarship would not be renewed for the next academic year due to her failure to comply with the BU rehabilitation team. Ms. Begnini's award renewal would not be protected.

9. A Student-Athlete Who Has Taken Leave for Pregnancy Related Conditions Must Be Reinstated.

The Title IX regulations require athletics departments to reinstate the formerly pregnant student-athlete "to the status which she held when the leave began."⁴⁵ This would include her returning to be a full-fledged member of the team, including receiving an athletics award, if that was her status when the leave began. As a member of the team, she will have to compete like the others for a specific position and playing time. While she cannot be penalized for having taken pregnancy

leave, she need not necessarily be reinstated to the specific position she formerly held, such as being a starter.

10. Medical Care for the Pregnant Student-Athlete May Be Covered.

Pregnant student-athletes may have concerns about available medical care, both during pregnancy and after delivery.

a. Medical Care During Pregnancy

Since the Title IX Regulations require institutions to treat pregnancy as they treat other temporary illnesses or injuries, medical benefits and insurance must be equally available to pregnant student-athletes and student-athletes with other temporary disabilities.⁴⁶ If an institution covers medical expenses related to pregnancy for all students, pregnant student-athletes are eligible for those student benefits, regardless of the applicable NCAA bylaws.

All divisions allow institutions to provide student-athletes with counseling expenses and certain medical care that will enable the individual to participate in intercollegiate athletics, regardless of how the injury occurred.⁴⁷ Institutions often provide a heightened level of medical care for their student-athletes. NCAA bylaws allow Division I institutions to provide generous medical benefits to their student-athletes.⁴⁸ Division II bylaws do not permit athletics departments to pay for certain surgical expenses unless the injury or illness is a result of practice or competition.⁴⁹ But other hospital and medical expenses relate to pregnancy are permissively covered.⁵⁰

Regardless of the medical care an institution is permitted to provide by NCAA bylaws, any institution may choose to limit its medical care in other ways. However, a rule or practice that discriminates against pregnancy is prohibited.

b. Medical Care for the Baby.

After birth (typically after two weeks), the baby will need its own coverage for medical care. Institutions can help student-athletes find such coverage. In some institutions, student health insurance provides coverage for the infant for a limited period of time.

c. Medical Care for an Abortion.

Title IX does not require schools to pay for an abortion. However, it does not prohibit institutions from covering these services.⁵¹

Medical procedures or services necessary to save the life of a pregnant woman, including abortion, or to address complications related to an abortion, are not exempt from Title IX and are treated like other types of medical care.⁵² If, for example, an institution pays for medical care for complications resulting from other types of elective surgeries, the institution would need to provide medical care for complications resulting from an abortion.⁵³

11. Termination of Pregnancy is a Choice Protected by the 1975 Title IX Regulations.

Institutions may not impose a penalty on a student, withhold a benefit or retaliate against her, because she is seeking, has received, or is recovering from a legal abortion.⁵⁴

12. “Misconduct” Involving Pre-Marital Sex Cannot be used as a Justification for Limiting Pregnant Student-Athlete’s Participation.

Pregnancy discrimination cannot be carried out under the guise of enforcing rules against premarital sex. Under NCAA bylaws, an institution may cancel or reduce the financial aid of a student-athlete who is found to have engaged in misconduct by the university's regular student disciplinary authority.⁵⁵ The majority of institutions do not have prohibitions against pre-marital sex that are applicable to the entire student body and are enforced by the university's regular student disciplinary authority. In addition, specific team rules or conditions on athletics awards regarding pre-marital sex must be gender-neutral.⁵⁶ Coaches of women's teams cannot impose terms of the award that would discriminate against women.

Universities controlled by religious organizations may have an institution-wide policy proscribing pre-marital sex. If the institution's regular disciplining authority determined that serious misconduct occurred, the student-athlete could only be disciplined if the institution's policy is applied in a gender-neutral fashion, and if pregnancy is not the only method of determining whether pre-marital sex occurred.⁵⁷ In other words, men who engage in pre-marital sex and father children must be disciplined in the same way as pregnant women, and there must be other methods to determine whether there was pre-marital sex besides pregnancy. Otherwise, only women would be sanctioned for this behavior.⁵⁸

13. The 1975 Title IX Regulations Relating to Pregnancy May Apply to Religious Schools.

Schools that are controlled by a religious organization are exempted from the 1975 Title IX Regulations only to the extent that they conflict with the religious tenets of the organization,⁵⁹ and only after the institution provides advanced written notice to the OCR.⁶⁰

A. Abortion.

If an institution controlled by a religious organization objects to abortion, and the school has provided written notice to the OCR about its objection in advance of the decision to punish a particular student, the religious school would be able to terminate a student-athlete's athletics award and her participation on the team on this basis without violating the Regulations.

B. Carrying a Pregnancy to Term.

Few religious tenets object to pregnancy per se or carrying a pregnancy to term.⁶¹ For example, if the pregnancy occurred within a marriage or was the result of a rape, the pregnancy would probably not violate a religious tenant. Therefore, the rest of the Model Policy would be in effect. An institution controlled by a religious organization could not harass the student-athlete for being pregnant, preclude her from participating in sports, or withdraw her financial award, among other adverse treatment.⁶²

14. A Pregnant Student-Athlete Cannot Be Retaliated Against For Reporting or Complaining About Pregnancy Discrimination.

When student-athletes report pregnancy discrimination, institutions should take affirmative steps to prevent any retaliation. Likewise, members of the institutional community that advocate the rights of pregnant student-athletes are also protected from retaliation. For example, a coach or certified athletic trainer who advocates on behalf of a pregnant student-athlete's right to participate cannot be subject to an adverse employment action because of their advocacy. All those in the

institutional community who complain about discrimination are protected under Title IX, even if the conduct about which they complain is not actually unlawful.⁶³

Summary and Conclusion

Student-athletes with pregnancy-related conditions, and the choices they make as a result of their pregnancy, are legally protected in a number of ways. The student-athlete has a right to carry her pregnancy to term, the right to terminate her pregnancy and the right to parent. She has the right to continue participating in athletics for as long as is medically safe without harassment or animus. Her athletics award is protected, and its renewal may also be protected. She may have counseling and medical care provided, and she has the right to be free of retaliation if she complains about pregnancy discrimination. In addition to meeting the legal obligations outlined in this policy, a school should develop its policies around an ethic of care. Policies should enable pregnant student-athletes to make informed decisions based on the long-term consequences of those decisions, and aid them in continuing their education, including their athletic careers.

Additional Resources

Dear Colleague Letter from Stephanie Monroe, Office of the Assistant Secretary, Office for Civil Rights, Department of Education, June 25, 2007. Available at: <http://www.ed.gov/about/offices/list/ocr/letters/colleague-20070625.html>.

Deborah L. Brake, The Invisible Pregnant Athlete and the Promise of Title IX, 31 HARV. J. L. & GENDER 323 (Summer 2008). Available at: <http://www.law.harvard.edu/students/orgs/jlg/vol312/323-366.pdf>

Women's Sports Foundation, Issues Related to Pregnancy & Athletic Participation: The Foundation Position. Available at: <http://www.womenssportsfoundation.org/cgi-bin/iowa/issues/disc/article.html?record=1145>

"How to Keep Pregnant and Parenting Students in School," When Girls Drop Out, We all Fail. National Women's Law Center, October 2007. Available at: <http://www.nwlc.org/pdf/Final%20Pregnancy%20Fact%20Sheet.pdf>

Footnotes:

1. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681 – 1688.
2. See, e.g., David S. Cohen, Title IX: Beyond Equal Protection, 28 HARV. J. L. & GENDER 217 (2005).
3. 34 C.F.R. §106.41. For a more thorough discussion of the of the history behind the 1975 Regulations, see NANCY HOGSHEAD-MAKAR & ANDREW ZIMBALIST, EQUAL PLAY; TITLE IX AND SOCIAL CHANGE, 49-53 (Temple University Press 2007), and Deborah Brake & Elizabeth Catlin, The Path of Most Resistance: The Long Road Toward Gender Equity in Intercollegiate Athletics, 3 DUKE J. GENDER L. & POL'Y 51 (1996).
4. 34 C.F.R. §106.41.
5. 34 C.F.R. §106.40, Marital or Parental Status; §106.37, Financial assistance; § 106.21, Admission and Recruiting; § 106.57, Employment
6. Ben Gose, Sacred Heart U. Settles Pregnancy Suit, CHRONICLE OF HIGHER EDUC., November 7, 2003, at A43. There are no published decisions applying the Title IX regulations to pregnant student-athletes.
7. Dear Colleague Letter from Stephanie Monroe, Office of the Assistant Secretary, Office for Civil Rights, Department of Education, June 25, 2007. Available at: <http://www.ed.gov/about/offices/list/ocr/letters/colleague-20070625.html>.

8. 34 C.F.R. §106.40(b)(4). Throughout this memo, the term "pregnancy" encompasses "pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, as set forth in the regulations.
9. 34 C.F.R. §106.40(b)(5); see also, Deborah L. Brake, The Invisible Pregnant Athlete and the Promise of Title IX, 31 HARV. J. L. & GENDER 323 (Summer 2008). Available at: <http://www.law.harvard.edu/students/orgs/jlg/vol312/323-366.pdf>
10. "In fact, the Title IX regulation instructs recipients to treat pregnancy or childbirth in the same manner and under the same policies as any temporary physical disability." OCR Letter (citing 34 C.F.R. 106.40(b)(4)).
11. Id. ("I want to reiterate that terminating or reducing financial assistance on the basis of pregnancy or a related condition is prohibited under Title IX.").
12. Employees in federally funded educational institutions, including coaches and administrators, are also protected by the 1975 Regulations. See 34 C.F.R. § 106.57, which provides:

Marital or parental status.

(a) General. A recipient shall not apply any policy or take any employment action:

(1) Concerning the potential marital, parental, or family status of an employee or applicant for employment which treats persons differently on the basis of sex; or

(2) Which is based upon whether an employee or applicant for employment is the head of household or principal wage earner in such employee's or applicant's family unit.

(b) Pregnancy. A recipient shall not discriminate against or exclude from employment any employee or applicant for employment on the basis of pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery therefrom.

- (c) Pregnancy as a temporary disability. A recipient shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery therefrom and any temporary disability resulting therefrom as any other temporary disability for all job related purposes, including commencement, duration and extensions of leave, payment of disability income, accrual of seniority and any other benefit or service, and reinstatement, and under any fringe benefit offered to employees by virtue of employment.
- (d) Pregnancy leave. In the case of a recipient which does not maintain a leave policy for its employees, or in the case of an employee with insufficient leave or accrued employment time to qualify for leave under such a policy, a recipient shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom as a justification for a leave of absence without pay for a reasonable period of time, at the conclusion of which the employee shall be reinstated to the status which she held when the leave began or to a comparable position, without decrease in rate of compensation or loss of promotional opportunities, or any other right or privilege of employment.
13. The Pregnancy Discrimination Act of 1978, (“PDA”) (P.L. 95-555, 92 Stat. 2076) amended Title VII of the Civil Rights Act of 1964, which bars employment discrimination, to make it clear that discrimination on the basis of sex includes discrimination on the basis of pregnancy. The PDA was passed to reverse the Supreme Court's decision in *General Electric Company v. Gilbert*, 429 U.S. 125 (1976), which had reached the opposite conclusion. Title IX actually created stronger protections for students than Title VII does for employees because of its absolute guarantee of a medical leave and reinstatement right to the same status. 34 C.F.R. §106.40(b)(5).
 14. *Cleveland Board of Education v. LaFleur*, 414 U.S. 632 (1974) (school district policies that forced pregnant teachers to leave work early in their pregnancies, regardless of whether or not they were able to work, and permitted them to return only three months after childbirth, were unconstitutional.) [The Title IX regulations are actually stronger than the PDA because of their absolute guarantee of a medical leave and right to reinstatement to the same status. 34 C.F.R. §106.40(b)(5).
 15. 34 C.F.R. §104.40(a). In other words, male and females cannot be discriminated because they are parents. However, the regulations may not protect either sex from adverse treatment due to extended leave or absences for child care needs. *Butler v. NCAA*, 2006 U.S. Dist. LEXIS 61632 (D. Kan. Aug. 15, 2006) (Male student-athlete's claim of sex discrimination under Title IX rejected because NCAA regulations were based on the physical difference of pregnancy, and not gender stereotypes about parenting.)

16. *Cleveland Board of Education v. LaFleur*, 414 U.S. 632 (1974) (often-inaccurate assumptions regarding pregnant women's limitations in employment were sufficiently arbitrary to fail constitutional scrutiny).
17. 34 C.F.R. §106.40(b) (1-2).
18. 34 C.F.R. §106.40(b)(5).
19. 34 C.F.R. §106.40(b)(5).
20. *Gebser v. Lago Vista*, 524 U.S. 274, 292-93 (1998) (educational institutions may be liable for damages for employee-student harassment if the institution has actual notice of the harassment and responds with deliberate indifference.); see also *Tara Brady v. Sacred Heart settlement* (requiring the University to take no action motivated by hostility, animus, or disapproval toward Brady's pregnancy).
21. *Davis v. Monroe County Board of Education*, 526 U.S. 629 (1999) (educational institutions may be liable for damages for student-to-student sexual harassment if the institution has actual notice of the harassment and responds with deliberate indifference, and if the harassment is so severe, pervasive, and objectively offensive that it denies its victims the equal access to education that Title IX is designed to protect.) See also, Revised Sexual Harassment Guidance: Harassment of Students by School Employees, Other Students, or Third Parties, issued by the Department of Education, Office for Civil Rights, January 2001. Available at: <http://www.ed.gov/about/offices/list/ocr/docs/shguide.pdf>
22. Division I – 14.2.4 Hardship Waiver; Division II and III – 14.2.5

Division I – 30.6.1 Waiver Criteria.

A waiver of the five-year period of eligibility is designed to provide a student-athlete with the opportunity to participate in four seasons of intercollegiate competition within a five-year period. This waiver may be granted, based on objective evidence, for reasons that are beyond the control of the student-athlete or the institution, which deprive the student-athlete of the opportunity to participate for more than one season in his/her sport within the five-year period.

While the waiver criteria for all three NCAA Divisions include the language “for reasons that are beyond the control of the student-athletes or the institution”, denial of a waiver for reasons of pregnancy would likely run afoul of the law because of the unequal effect between men and women. Only pregnant women would be denied waivers for engaging in sexual relations, not men. See e.g., Deborah Brake & Verna Williams, *The Heart of the Game: Putting Race and Educational Equity at the Center of Title IX*, 7 VIRGINIA SPORTS & ENT. L. J. 199 (Spring 2008).

23. Division I, II and III – 14.2 and 14.2.1.

24. Division I – 14.2.1.3 Pregnancy Exception.

A member institution may approve a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

Division II and Division III – 14.2.2.2 Pregnancy Exception.

A member institution may approve a two-semester or three-quarter extension of this 10-semester/15-quarter period of eligibility for a female student-athlete for reasons of pregnancy.

25. Division I – 30.6.1 Waiver Criteria.

Division II and Division III – 30.6.1 Waiver Criteria.

26. 34 C.F.R. §106.40(b)(4).

27. Subpart C—Discrimination on the Basis of Sex in Admission and Recruitment Prohibited. 34 C.F.R. § 106.21 Admission.

(c) Prohibitions relating to marital or parental status. In determining whether a person satisfies any policy or criterion for admission, or in making any offer of admission, a recipient to which this subpart applies:

(1) Shall not apply any rule concerning the actual or potential parental, family, or marital status of a student or applicant which treats persons differently on the basis of sex;

(2) Shall not discriminate against or exclude any person on the basis of pregnancy, childbirth, termination of pregnancy, or recovery therefrom, or establish or follow any rule or practice which so discriminates or excludes;

(3) Shall treat disabilities related to pregnancy, childbirth, termination of pregnancy, or recovery therefrom in the same manner and under the same policies as any other temporary disability or physical condition...

28. Michael Sokolove, *Football is a Sucker's Game*, N.Y. TIMES MAG., Dec. 22, 2002, (“Of the 105 players on U.S.F.'s football team—most of them between eighteen and twenty-three years old—about thirty are fathers and many have produced multiple children. ‘I would say there's a total of sixty children from this team, and that's a conservative estimate,’ said [Phyllis LeBaw, associate athletic director for academic support]. “It's amazing how quickly it occurs, usually in the first year. Or they come to school already fathers.”)

29. 34 C.F.R. § 106.21.

30. OCR Letter.

31. Division I – 15.3.4.2.2 Nonathletically Related Conditions.

An institutional financial aid agreement may include nonathletically related conditions (e.g., compliance with academics policies or standards, compliance with athletics department rules or policies) by which the aid may be reduced or canceled during the period of the award.

32. See the materials on Misconduct, Section 12.

33. Division I – 15.3.4.2 and Division II – 15.3.4.1.

Institutional financial aid based in any degree on athletics ability may be reduced or canceled during the period of the award if the recipient:

(a) Renders himself or herself ineligible for intercollegiate competition;

(b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement (see Bylaw 15.3.4.1.1);

- (c) Engages in serious misconduct warranting substantial disciplinary penalty (see Bylaw 15.3.4.1.2); or
- (d) Voluntarily withdraws from a sport at any time for personal reasons; however, the recipient's financial aid may not be awarded to another student-athlete in the academic term in which the aid was reduced or canceled. A student-athlete's request for written permission to contact another four-year collegiate institution regarding a possible transfer does not constitute a voluntary withdrawal.
34. Division I and II – 15.3.2.2 Physical Condition of Student-Athlete.
- Financial aid awarded to a prospective student-athlete may not be conditioned on the recipient reporting in satisfactory physical condition. If a student-athlete has been accepted for admission and awarded financial aid, the institution shall be committed for the term of the original award, even if the student-athlete's physical condition prevents him or her from participating in intercollegiate athletics.
35. Division I and II – 15.3.4.3.2 Decrease Not Permitted.
- An institution may not decrease a prospective student-athlete's or a student-athlete's financial aid from the time the prospective student-athlete or student-athlete signs the financial aid award letter until the conclusion of the period set forth in the financial aid agreement, except under the conditions set forth in Bylaw 15.3.4.1.
36. Division I and II – 15.3.4.3 Reduction or Cancellation Not Permitted.
- Institutional financial aid based in any degree on athletics ability may not be increased, decreased or canceled during the period of its award: (a) On the basis of a student-athlete's athletics ability, performance or contribution to a team's success;
37. Division I and II – 15.3.2.2
38. 34 C.F.R. §106.40(b)(4)
39. 34 C.F.R. § 106.37 – Financial assistance.
- (a) General. [] in providing financial assistance to any of its students, a recipient shall not:

- (1) On the basis of sex, provide different amount or types of such assistance, limit eligibility for such assistance which is of any particular type or source, apply different criteria, or otherwise discriminate;
- (3) apply any rule or assist in application of any rule concerning eligibility for such assistance which treats persons of one sex differently from persons of the other sex with regard to marital or parental status.

40. OCR Letter.

Division I – 15.3.3.1 One-Year Period.

If a student's athletics ability is considered in any degree in awarding financial aid, such aid shall neither be awarded for a period in excess of one academic year nor for a period less than one academic year.

Division II – 15.3.3.1 One-Year Limit.

Where a student's athletics ability is taken into consideration in any degree in awarding financial aid, such aid shall not be awarded in excess of one academic year.

42. 34 C.F.R. §106.40(b)(4).

43. 34 C.F.R. §106.40(b)(5).

44. Division I – 15.3.2.4 Hearing Opportunity.

The institution's regular financial aid authority shall notify the student-athlete in writing of the opportunity for a hearing when institutional financial aid based in any degree on athletics ability is to be reduced or canceled during the period of the award, or is reduced or not renewed for the following academic year. Any reduction or cancellation of aid during the period of the award may occur only after the student-athlete has had an opportunity for a hearing. The institution shall have established reasonable procedures for promptly hearing such a request and shall not delegate the responsibility for conducting the hearing to the university's athletics department or its faculty athletics committee. The written notification of the opportunity for a hearing shall include a copy of the institution's established policies and procedures for conducting the required hearing, including the deadline by which a student-athlete must request such a hearing.

Division II – 15.3.2.4 Hearing Opportunity.

The institution's regular financial aid authority shall notify the student-athlete in writing of the opportunity for a hearing when institutional financial aid based in any degree on athletics ability is reduced or canceled during the period of the award, or not renewed. The notification of the hearing opportunity shall include a copy of the institution's established policies and procedures for conducting the required hearing, including the deadline by which a student-athlete must request the hearing. The institution shall conduct the hearing within 30 consecutive calendar days of receiving a student-athlete's request for the hearing and shall not delegate the responsibility for conducting the hearing to the university's athletics department or its faculty athletics committee.

- 45. 34 C.F.R. §106.40(b)(5).
- 46. 34 C.F.R. 106.40(b)(4).
- 47. Division I – 16.4.1 Permissible (Medical Expenses).

Identified medical expense benefits incidental to a student-athlete's participation in intercollegiate athletics that may be financed by the institution are: (g) Medical examinations at any time; (h) Expenses for medical treatment (including transportation and other related costs). Such expenses may include the cost of traveling to the location of medical treatment or the provision of actual and necessary living expenses for the student-athlete to be treated at a site on or off the campus during the summer months while the student-athlete is not actually attending classes. Medical documentation shall be available to support the necessity of the treatment at the location in question; and (i) Medical expenses (including surgical expenses, medication, rehabilitation and physical therapy expenses and dental expenses).

Division II – 16.4.1 Permissible (Medical Expenses).

Identified medical expense benefits incidental to a student-athlete's participation in intercollegiate athletics that may be financed by the institution are: (c) Counseling expenses of any type, including, but not limited to, those related to drug rehabilitation and the treatment of eating disorders; (f) Medical examinations at any time for enrolled student-athletes; (i) Medication and physical therapy used by a student-athlete during the academic year to enable the individual to participate in intercollegiate athletics, regardless of whether the injury or illness is the result of intercollegiate competition or practice; (j) Medication and physical therapy used by a student-athlete (even if the

student-athlete is not a full-time student) during the academic year to enable the individual to participate in intercollegiate athletics, only if the student-athlete resides on campus (or in the local community of the institution) and appropriate medical documentation is available to establish that the student-athlete is unable to attend the institution as a full-time student as a result of the student-athlete's injury or illness;

Division III – 16.4 Medical Expenses

An institution may finance medical-expense benefits incidental to a student-athlete's participation in intercollegiate athletics. However, it is not permissible for an institution to finance nutritional supplements (e.g., weight-gain, muscle/strength-building, weight-loss supplements) as medical expense benefits incidental to a student-athlete's participation in intercollegiate athletics.

- 48. Division I – 16.4.1 Permissible (Medical Expenses). Supra, footnote 47.
- 49. Division II – 16.4.2 Nonpermissible (Medical Expenses).

Student-athlete medical expense benefits that may not be financed by the institution are:

- (a) Student health insurance, if the insurance is provided or offered to the general student body only on an optional basis, except that if such insurance is required for a particular group of students (e.g., foreign students), such expenses may be paid for student-athletes who are members of such a group. Only such required fees may be paid as a part of an institutional grant-in-aid for student-athletes;
- (b) Surgical expenses to treat a student-athlete's illness or injury that was not a result of practice for or participation in intercollegiate athletics at the institution and did not occur during voluntary physical activities that will prepare the student-athlete for competition; (c) Medical or hospital expenses incurred as the result of an injury while going to or from class, or while participating in classroom requirements (e.g., physical education), unless similar services are provided by the institution to all students or by the terms and conditions of the institution's overall insurance program...

- 50. Id.

51. 20 U.S.C. §1688 (“Nothing in this chapter shall be construed to require or prohibit any person, or public or private entity, to provide or pay for any benefit or service, including the use of facilities, related to an abortion...’.”)
52. 65 Fed. Reg. 52869 (2000); see also, Title IX Legal Manual, U.S. Department of Justice, Civil Rights Division. (2001). Available at: <http://www.usdoj.gov/crt/cor/coord/ixlegal.htm#Introduction>
53. Accord, 29 C.F.R. § 1604.10(b), Employment policies relating to pregnancy and childbirth.
54. 20 U.S.C. § 1688 (“...Nothing in this section shall be construed to permit a penalty to be imposed on any person or individual because such person or individual is seeking or has received any benefit or service related to a legal abortion.’”).
55. Division I and Division II – 15.3.4.1.2 Misconduct.

An institution may cancel or reduce the financial aid of a student-athlete who is found to have engaged in misconduct by the university's regular student disciplinary authority, even if the loss-of-aid requirement does not apply to the student body in general.

In other words, Title IX permits discipline against students, as long as both sexes are punished equally. While the ultimate outcomes of cases involving adverse treatment based on premarital sex have differed, the courts all agree that Title IX prohibits a school from excluding a pregnant student unless it imposes a similar exclusion on male students who have engaged in premarital sex. A contrary ruling would discriminate against females because only they become pregnant as the result of the prohibited conduct. *Cazares v. Barber*, 959 F.2d 753 (9th Cir. 1992); *Pfeiffer v. Marion Central Area School District*, 917 F.2d 779 (3d Cir. 1990) *Wort v. Vierling*, 778 F.2d 1233 (7th Cir. 1985); *Chipman v. Grant County School District*, 30 F.Supp. 2d 975 (D. Ky. 1998). Institutions wishing to enforce rules against premarital sex must be willing to investigate charges of premarital sex in a gender-neutral fashion.

57. *Id.*
58. *Id.*
59. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681(a)(3);

34 C.F.R. § 106.12 Educational institutions controlled by religious organizations. (a) Application.

This part does not apply to an educational institution which is controlled by a religious organization to the extent application of this part would not be consistent with the religious tenets of such organization.

60. 34 C.F.R. § 106.12 (b) Exemption.

An educational institution which wishes to claim the exemption set forth in paragraph (a) of this section, shall do so by submitting in writing to the Assistant Secretary a statement by the highest ranking official of the institution, identifying the provisions of this part which conflict with a specific tenet of the religious organization. This exemption is limited to those entities that can be identified as “religious.” A religious affiliation does not necessarily mean that the institution is entitled to this exemption.

61. If the objection relates to pre-marital sex, see Section 12 on Misconduct.
62. Beyond these legal requirements, the NCAA Model Pregnancy and Parenting Policy makes clear that negative treatment by the athletics department may have the unintended consequence of encouraging abortion.
63. *Jackson v. Birmingham Bd. of Educ.*, 544 U.S. 167 (2005). (Roderick Jackson, a male coach, was fired after he complained that the girls’ basketball team received inferior treatment. The Supreme Court held that retaliation is prohibited under Title IX and that an indirect victim of sex discrimination could bring a Title IX case against a school that retaliates against him because he complained of sex discrimination.)



Chapter 2: Best Practices

Model Administrative Pregnancy and Parenting Policy for NCAA Athletics Departments

The following represents a model policy that athletics departments can adopt and distribute to staff, coaches and student-athletes.

The [college name] athletics department is committed to the personal health and development of all our members, and to the educational mission of our school. We strive to provide an environment that respects all pregnancy and parenting decisions and urges all participants to work cooperatively toward degree completion. This Policy sets forth the protections that should be provided for pregnant and parenting students, including those with pregnancy related conditions. It also prohibits retaliation against any student or employee who complains about issues related to the enforcement of this Pregnancy Policy. We want to protect every student-athlete's physical and psychological health, and their ability to complete their education.

Federal Laws

Title IX of the Education Amendments of 1972 bars discrimination on the basis of sex, which includes the guarantee of equal educational opportunity to pregnant and parenting students.¹ This means that our student-athletes cannot be discriminated against because of their parental or

marital status, pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom.² In addition, a student's medical information may be protected by other federal laws.³ Some actions that may be permissible under NCAA rules are impermissible under federal law, and our institution adheres to federal law.

In order to comply with federal law:

- Our athletics department will only require a pregnant or parenting student-athlete's physician to certify physical and emotional fitness as a condition for participating in athletics when such certification is required of student-athletes who experience other temporary disabilities.
- Our athletics department will allow a pregnant or parenting student-athlete to fully participate on the team, including all team-related activities, unless the student-athlete's physician or other medical caregiver certifies that participation is not medically safe.
- Our athletics department will allow a pregnant student-athlete to continue to participate in a limited manner on the team, including all team-related activities, unless the student-athlete's physician or other medical caregiver certifies that partial participation is not medically safe.
- Medically necessary absences from team activities due to pregnancy shall be considered excused absences.
- No coach or other athletics department personnel shall suggest to any student-athlete that his or her continued participation on a team will be affected in any way by pregnancy or parental or marital status.

- Our athletics department will not allow a hostile or intimidating environment on the basis of pregnancy or parental status to exist. Acts or statements that are hostile toward pregnancy or parenting, or that shun or shame the student-athlete because she is pregnant or parenting, will not be tolerated. Such conduct prevents an individual from effectively participating in, or denies a person the benefits of, the educational opportunities provided by this institution.
- Our athletics department will not terminate or reduce a student-athlete's athletics aid because of the student-athlete's pregnancy, marital or parental status during the term of the award.
- Students may take a medical pregnancy leave, and at the end of that leave they will be reinstated to the same status they had before the leave.
- Our athletics department will renew a pregnant, formerly pregnant, or parenting student-athlete's award, so long as the student-athlete is in good standing academically, remains engaged with our athletics department and meets NCAA eligibility standards. Returning students may be evaluated in the same manner as any other team member to determine their specific position on the team, such as a starter or as a forward.
- Our athletics department will not permit the use of any written or verbal contract that requires a student-athlete to not get pregnant or become a parent as a condition of receiving an athletics award.
- Our athletics department will provide health benefits for pregnancy, including counseling, physical examinations, medical treatment, surgical expenses, medication, rehabilitation and physical therapy expenses and dental expenses, to the same degree that student-athletes who experience other

temporary disabilities are provided these benefits. The [\[college name\]](#) athletics department's medical coverage policy for student-athletes can be found at [\[provide link\]](#).

- Our pregnant and formerly pregnant students who wish to continue to participate in athletics are entitled to assistance and rehabilitation on the same basis as such assistance is provided to student-athletes with other temporary disabilities.

In order to assist our student-athletes:

- Our athletics department will help the pregnant or parenting student-athlete plan for his or her continued academic progress, in accord with the university's educational mission.
- Our athletics department will help the student-athlete return to sport after pregnancy and during parenting, if the student-athlete so desires.
- Our athletics department will assist the student-athlete to access the pregnancy and parenting support resources that are available to all college students.
- Our athletics department will publish this Policy in a publicly-available Student-Athlete Handbook, make this Policy available to student-athletes and their families on-line, and provide specific education on this Policy for all student-athletes and their families.
- Our athletics department, in conjunction with the team physician, the Faculty Athletics Representative, the Senior Woman Administrator, Team Certified Athletic Trainers and others designated by the university President, will regularly review student-athlete pregnancy and parenting cases as they occur to monitor compliance with this Policy.

Reporting

- Our athletics department will not require any student-athlete to reveal pregnancy or parenting status. Our department will work to create an environment which encourages the student-athlete to voluntarily reveal her pregnancy and his or her parenting status, in order for our institution to provide optimal support for physical and mental health with professional health care. The coach's attitude toward pregnancy and parenting can be pivotal in creating such a safe environment.
- No athletics department personnel will publicly release personally identifiable health information about pregnancy without written, timely authorization from the student-athlete.
- When a student-athlete reveals her pregnancy or parenting status to athletics personnel, they should direct the student-athlete to this Policy. They should reiterate the department's protection of the student-athlete's team membership status and financial aid. Athletics personnel should refer the student-athlete to the team physician, to the student-athlete's personal physician, or to a university-designated representative trained in providing information about pregnancy and parenting support options.
- Athletics personnel who suspect that a student-athlete is pregnant may report their concerns to the team physician or to a university-designated representative trained in pregnancy and parenting support options.
- Teammates of pregnant student-athletes may report their concerns to the team physician or to a university-designated representative trained in pregnancy and parenting support options.

Enforcement and Non-Retaliation

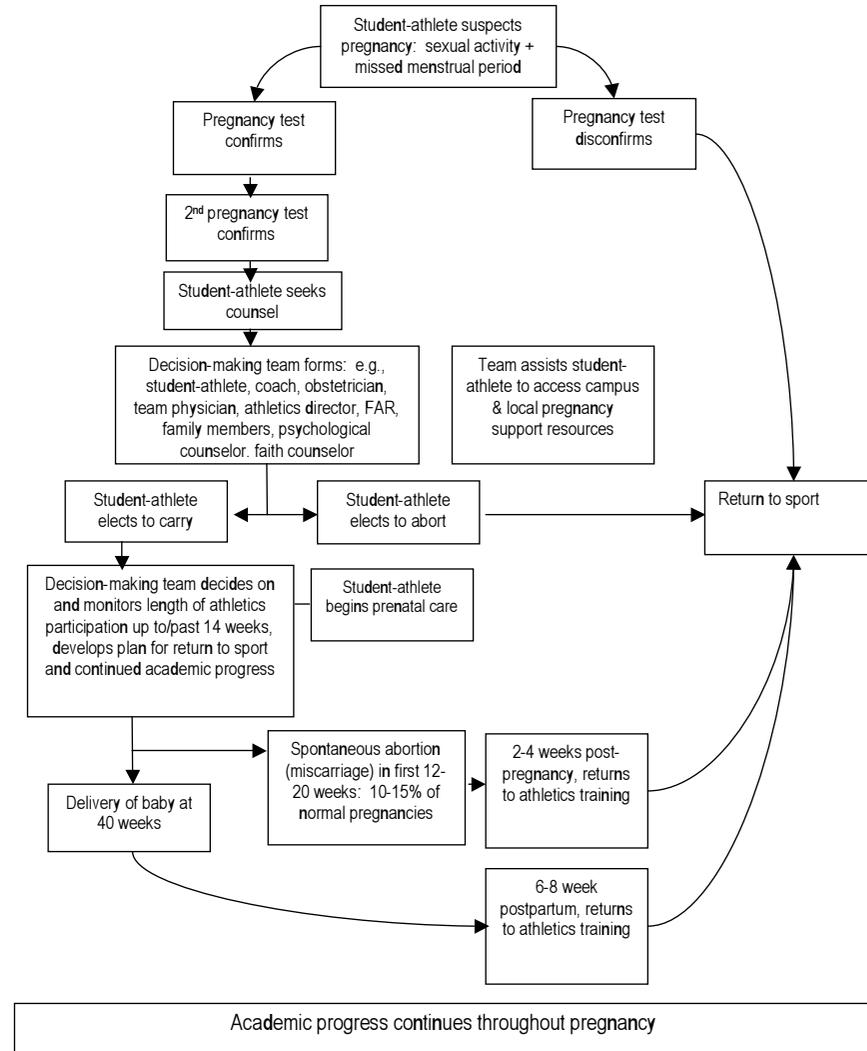
- Any member of the athletics department found to have violated this policy by threatening to withhold or withholding athletics participation or an athletics award, by harassing a student-athlete on the basis of pregnancy or parenting status, or by breaching medical confidentiality, will be subject to disciplinary action, up to and including discharge or expulsion from the university. The athletics department will also take appropriate remedial action to correct the situation.
- Any member of the athletics department who becomes aware of conduct that violates this policy should report the conduct to an appropriate official, such as the Athletics Director, the General Counsel's office, the Title IX Compliance Officer, the Faculty Athletics Representative, or the Equal Opportunity Officer. The athletics department and university will make every effort to prevent public disclosure of the names of all parties involved, except to the extent necessary to carry out an investigation.
- Retaliation is specifically prohibited against anyone who complains about pregnancy or parental status discrimination, even if the person was in error about the lawfulness of the conduct complained about. This athletics department will take steps to prevent any retaliation against the individual who made the complaint.

Footnotes

1. 20 U.S.C. § 1681-1688; 34 C.F.R. § 106.40 Marital or Parental Status; §106.37, Financial assistance; § 106.21, Admission and Recruiting; § 106.57, Employment.
Available at: <http://www.ed.gov/policy/rights/reg/ocr/edlite-34cfr106.html>
2. Throughout this Policy, the terms “pregnant” and “pregnancy” encompass pregnancy-related conditions, as listed in the sentence above.
3. Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191; Family Educational Rights and Privacy Act of 1974, (FERPA) 20 U.S.C. § 1232g (2000); Protection of Pupil Rights Amendment, (PPRA), 20 U.S.C. § 1232h (2000).

Model decision flow chart on how to respond to pregnancy

(contributed by Wright State University, Dayton, Ohio).



Model Pregnancy and Parenting Student-Athlete Handbook Statement

What to do if you become pregnant:

We recognize that a student-athlete's pregnancy is often a stressful event. As soon as you learn that you are pregnant, we encourage you to tell someone with whom you feel safe or who can best support you during this difficult time. While you are in the best position to determine who is safe to discuss your pregnancy, we will respect your confidentiality within our institution as long as it is medically safe to do so. At [School Name] University, we want to help you achieve your academic goals while protecting your physical and psychological health and the health of your pregnancy. You should know that many student-athletes have traversed through these same life transitions successfully, and there is usually no reason to make overly-rushed decisions.

What happens to your team membership:

Federal law provides many legal protections for your continued involvement with our athletics department. As long as you are in good academic standing with the university and you do not voluntarily withdraw from your team, federal law protects your membership on the team. This would include access to services provided to other student-athletes with injuries or temporary disabilities, such as academic tutoring, training table, medical services, rehabilitation services, among others. We will modify your workouts as your pregnancy progresses if needed. Federal law also requires us to grant you as much leave as is medically necessary and to reinstate you to active team membership. You may have to earn back your specific playing position that you

achieved before your pregnancy, but others have successfully made the transition back to their former playing shape. You can too.

What happens to your scholarship:

As long as you are in good academic standing with the university and you do not voluntarily withdraw from your team, it is against federal law for us to withdraw or reduce your financial aid in the event of your pregnancy, childbirth, conditions related to pregnancy, false pregnancy, termination of pregnancy, recovery from pregnancy, or parental or marital status during the term of the award. Federal law also requires us to grant you as much leave as is medically necessary and to renew your scholarship under certain circumstances. Finally, you should also know that NCAA bylaws allow a female student-athlete to apply for an additional year of eligibility if her athletic career is interrupted by pregnancy.

Who can help you:

We encourage you to find someone trusted within our institution that can help you navigate through the numerous decisions that confront you. Our institution has a number of people that are equipped to help you, such as our athletics department counseling services, representatives of the [School of Medicine, the College of Nursing, the College of Education and Human Services, the Student Health Center, clergy, the Counseling and Wellness Services Center, the Women's Center, your team physician, or others].

Some specific individuals who can help you are:

[list locations, names, phone numbers of several resources outside the athletics department]

How to continue training and competing:

If you decide to remain pregnant and wish to continue in your sport, we will help you assemble a decision-support team that you feel comfortable with. It could include you, your obstetrician or other maternal health care provider, your coach, athletic trainer, team physician, academic counselor, a mental health counselor or others as needed. Your decision-support team will monitor your health and academic progress, and will assist your rehabilitation and your return to competition if that is your desire. Medically necessary absences due to pregnancy from team activities are considered excused absences.

What is covered by your medical insurance:

Our athletics department will cover your medical expenses and provide the same health benefits provided to other students-athletes with injuries, illnesses, or medical conditions, including counseling services, physical examinations, medical treatment, surgical expenses, medication, rehabilitation and physical therapy expenses and dental expenses. You should contact the athletics department's Insurance Benefits Coordinator [contact information and phone numbers]. Insurance and medical care for the baby are not covered by the athletics department, but there is additional assistance _____.

What if you're a male student-athlete whose partner becomes pregnant:

Obviously, you won't be affected by physical changes associated with pregnancy. However, you may suffer psychological stress, have concern about the health of your pregnant partner and her pregnancy, and question your readiness for fatherhood and the personal and financial obligations you face. You may disagree with your partner about the pregnancy, whether to carry the pregnancy to term or to terminate the pregnancy. We encourage you to take advantage of our psychological counseling services and join in any decision-support team your partner may have formed. You should also know that Title IX also protects you from being discriminated against because of your partner's pregnancy or your status as a parent.





Chapter 3: Sports Medicine Resources

Guidelines for Certified Athletic Trainers Confronted with Pregnancy in Female Student-Athletes

The role of a certified athletic trainer is an important one. The certified athletic trainer or team physician is often the first to recognize that a student-athlete is pregnant or the first person approached in confidence within the athletics department. As such, the certified athletic trainer should be well-versed in the institution's pregnancy policies, and should be able to access resources easily.

Anticipating the Situation

- Review the NCAA Model Pregnancy and Parenting Policy ("Model Policy") and those of your athletics department.
- Review the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion, "Exercise during Pregnancy and the Postpartum Period," ACOG Committee Opinion No. 267.
- Discuss pregnancy and parenting medical issues in advance with your supervising physician and those in the athletics department, including coaches and administrators of both male and female teams.

- If your institution lacks a pregnancy and parenting policy, help develop one and participate in periodic reviews of student-athlete pregnancy and parenting policies.

Provide Emotional Help

- If a student-athlete approaches you during athletics activity or in the clinic setting, go to a private space where you cannot be accidentally overheard or seen by teammates, coaches, or other bystanders.
- Review the institution's pregnancy and parenting policy with the student-athlete or the Model Policy, if your institution has not yet adopted a policy.
- Remind the student-athlete that her scholarship and team membership are not at risk.
- A good reply to student-athletes revealing their own or their partner's pregnancy is:

“I'm glad you're telling me about this and understand you may have many questions. I want to provide you with the information, time and support you need to make these personal decisions. Let's figure out how we can do that.”
- Support the student-athlete. Ask non-judgmental questions and give the student-athlete time to work through emotions and decisions.
 - “Please tell me whatever you'd like.”
 - “How are you feeling?”

- Ask the student-athlete how she feels about discussing her pregnancy with others.
 - “Is Coach aware of the situation? How do you feel about talking about it with her/him?”
 - “Is your family aware of the situation?”
 - “Is your partner aware of the situation?”
- If you have past experience with pregnant student-athletes and this particular coach, be candid about the experience.
 - “In the past when this has occurred, Coach has been very supportive and helpful. It helps to have Coach aware because she/he will have a little more insight as to why you may not be performing to the same standards. But if you're not ready to talk about it yet, we can hold off discussing with Coach and figure out how to navigate those hurdles.”
 - “In the past when this has occurred, Coach has not been very supportive. You have the right to work with me and the team physician, keeping your medical status confidential. If you decide to carry the pregnancy to term, we may need to modify your workouts and competition schedule as your pregnancy progresses, which will involve Coach.”
 - “Would you like me to go with you to talk with Coach? Sometimes it helps to have someone else there.”
- Encourage the student-athlete to make use of the athletics department's mental health counselors.

- Reassure her that she probably has some time on her side to decide whether to carry the pregnancy to term, usually until she is 12 weeks pregnant.
- Share with her that many other student-athletes have successfully encountered pregnancy, and there is usually no reason to make hasty decisions.

Medical Help and Confidentiality

- Reassure the student-athlete that you can maintain confidentiality within the medical team as long as it is medically safe to do so.
- Remind the student-athlete that as a certified athletic trainer, you cannot make medical decisions regarding pregnancy, but that you are part of a medical team that will work with her to provide her with the optimal health care.
- Reassure the student-athlete that if she decides to carry the pregnancy to term, there are few risks to athletic participation in uncomplicated pregnancies, particularly in the first trimester. However, she should seek out appropriate maternal health care. Help her identify appropriate maternal health care if asked to do so.
- Encourage her to work in collaboration with her maternal health care provider and the athletics department medical staff.

“I would like to inform our team physician of your pregnancy so that we can start to identify continued participation parameters and establish a baseline health status. Do you feel comfortable with this plan?”

- Leave the conversation with a follow-up appointment.
- Explain to the student-athlete that you may be checking in with her more frequently in order to protect her health and safety, but then try not to attract others’ attention when doing so.

Warning Signs to Terminate Exercise While Pregnant:

- **Vaginal Bleeding**
- **Shortness of Breath Before Exercise**
- **Dizziness**
- **Headache**
- **Chest Pain**
- **Calf Pain or Swelling**
- **Pre-term Labor**
- **Decreased Fetal Movement**
- **Amniotic Fluid Leakage**
- **Muscle Weakness**

NCAA Sports Medicine Handbook Section 3b — Pregnancy in the Student-Athlete

January 1986 • Revised June 2008

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. James Clapp, FACSM, in the revision of this guideline.

Pregnancy Policies

Pregnancy places unique challenges on the student-athlete. Each member institution should have a policy clearly outlined to address the rights and responsibilities of the pregnant student-athlete. The policy should address:

- Where the student-athlete can receive confidential counseling;
- Where the student-athlete can access timely medical and obstetrical care;
- How the pregnancy may affect the student-athlete's team standing and institutional grants-in-aid;
- That pregnancy should be treated as any other temporary health condition regarding receipt of institutional grants-in-aid; and
- That NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

Student-athletes should not be forced to terminate a pregnancy because of financial or psychological pressure or fear of losing their institutional grants-in-aid. See Bylaw 15.3.4.3, which specifies that institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award because of an injury, illness or physical or mental medical condition.

The team's certified athletic trainer or team physician is often approached in confidence by the student-athlete. The sports medicine staff should be well-versed in the athletics department's policies and be able to access the identified resources. The sports medicine staff should respect the student-athlete's requests for confidentiality until such time when there is medical reason to withhold the student-athlete from competition.

Exercise In Pregnancy

Assessing the risk of intense, strenuous physical activity in pregnancy is difficult. There is some evidence that women who exercise during pregnancy have improved cardiovascular function, limited weight gain and fat retention, improved attitude and mental state, easier and less complicated labor, and enhanced postpartum recovery. There is no evidence that increased activity increases the risk of spontaneous abortion in uncomplicated pregnancies. There are, however, theoretical risks to the fetus associated with increased core body temperatures that may occur with exercise, especially in the heat.

The fetus may benefit from exercise during pregnancy in several ways, including an increased tolerance for the physiologic stresses of late pregnancy, labor and delivery.

The safety of participation in individual sports by a pregnant woman should be dictated by the movements and physical demands required to compete in that sport and the previous activity level of the individual. The American College of Sports Medicine discourages heavy weight lifting or similar activities that require straining or valsalva.

Exercise in the supine position after the first trimester may cause venous obstruction and conditioning or training exercises in this position should be avoided.

Sports with increased incidences of bodily contact (basketball, ice hockey, field hockey, lacrosse, soccer, rugby) or falling (gymnastics, equestrian, downhill skiing) are generally considered higher risk after the first trimester because of the potential risk of abdominal trauma. The student-athlete's ability to compete may also be compromised due to changes in physiologic capacity, and musculoskeletal issues unique to pregnancy. There is also concern that in the setting of intense competition a pregnant athlete will be less likely to respond to internal cues to moderate exercise and may feel pressure not to let down the team.

The American College of Obstetrics and Gynecology states that competitive athletes can remain active during pregnancy but need to modify their activity as medically indicated and require close supervision.

If a student-athlete chooses to compete while pregnant she should:

- Be made aware of the potential risks of her particular sport and exercise in general while pregnant;

- Be encouraged to discontinue exercise when feeling over-exerted or when any warning signs (Table I) are present;
- Follow the recommendations of her obstetrical provider in coordination with the team physician; and
- Take care to remain well-hydrated and to avoid over-heating.

After delivery or pregnancy termination, medical clearance is recommended to ensure the student-athlete's safe return to athletics. (See Follow-up Examinations section of Guideline 1b.) The physiologic changes of pregnancy persist four to six weeks postpartum, however, there have been no known maternal complications from resumption of training. Care should be taken to individualize return to practice and competition.

References

1. American College of Obstetrics and Gynecology Committee on Obstetric Practice: Exercise During Pregnancy and the Postpartum Period. *Obstetrics and Gynecology* 99(1) 171-173, 2002.
2. American College of Sports Medicine: Exercise During Pregnancy. In: Current Comment from the American College of Sports Medicine, Indianapolis, IN, August 2000.
3. Clapp JF: Exercise During Pregnancy, A Clinical Update. *Clinics in Sports Medicine* 19(2) 273-286, 2000.



Additional Resources

NCAA Convention 2008 Session video: Legal, Medical and Treatment Aspects of Student-Athlete Pregnancy. Available at:
http://web1.ncaa.org/web_video/convention/2008/Legal_Medical_And.wvx

Scholarly Reviews on Exercise and Pregnancy

Arena, B. & Mafulli, N. (2002). Exercise in pregnancy – How safe is it? *Sports Medicine & Arthroscopy Review*, 10, 15-22. Retrieved September 27, 2008 from
<http://www.sportsmedarthro.com/pt/re/smar/pdfhandler.00132585-200210010-00004.pdf;jsessionid=LpmLG8xJpv2pt0X7c10hkLnNcm1JCsXSGvpL43KYrTnJzHBGt40P!1902130097!181195629!8091!-1>.

Lewis, B., Avery, M., Jennings, E., Sherwood, N., Martinson, B. & Crain, L. (2008). The effect of exercise during pregnancy on maternal outcomes: Practical implications for practice. *American Journal of Lifestyle Medicine*, 2(6), 441-455. Retrieved October 2, 2008 from
<http://ajl.sagepub.com/cgi/reprint/2/5/441>.

Pivarnik, J., Perkins, C. & Moyerbrailean, T. (2003). Athletes and pregnancy. *Clinical Obstetrics and Gynecology*, 46(2), 403-414.

Riemann, M. & Hansen, I. (2000). Effects on the foetus of exercise in pregnancy. *Scandinavian Journal of Medicine & Science in Sports*, 10, 12-19. Retrieved September 27, 2008 from
<http://www3.interscience.wiley.com/cgi-bin/fulltext/120704124/PDFSTART>.

Research on Biophysical Aspects of Pregnancy in Athletes

Basketball: Olympic Handbook of Sports Medicine (2003). D. McKeag (Ed.). Blackwell Publishing.

Bergmann, A., Zygmunt, M. & Clapp III, J. (2004). Running throughout pregnancy: Effect on placental villous vascular volume and cell proliferation. *Placenta*, 25, 694-698.

Burrows, M. & Bird, S. (2000). The physiology of the highly trained female endurance runner. *Sports Medicine*, 30(4), 281-300.

Clapp III, J. (2006). Influence of endurance exercise and diet on human placental development and fetal growth. *Placenta*, 27, 527-534.

Clapp III, J., Kim, H., Burciu, B. & Lopez, B. (2000). Beginning regular exercise in early pregnancy: Effect on fetoplacental growth. *American Journal of Obstetrics & Gynecology*, 183, 1484-1488.

Clapp III, J., Kim, H., Burciu, B., Schmidt, S., Petry, K. & Lopez, B. (2002). Continuing regular exercise in early pregnancy: Effect of exercise volume on fetoplacental growth. *American Journal of Obstetrics & Gynecology*, 186, 142-147.

Clapp III, J., Little, K. & Widness, J. (2003). Effect of maternal exercise and fetoplacental growth on serum erythropoietin concentrations. *American Journal of Obstetrics & Gynecology*, 188, 1021-1025.

Hale, R. & Milne, L. (1996). The elite athlete and exercise in pregnancy. *Seminars in Perinatology*, 20(4), 277-284. Retrieved October 2, 2008 from http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B75KS-4K1V1B0-8-1&_cdi=13186&_user=3742306&_orig=search&_coverDate=08%2F31%2F1996&_sk=999799995&view=c&wchp=dGLbVzW-zSkzV&md5=82ba751ce6d74a495cff2a23847dd23e&ie=/sdarticle.pdf.

Holschen, J. (2004). The female athlete. *Southern Medical Journal*, 97(9), 852-858. Retrieved September 25, 2008 from <http://www.sd.sma.org/pdfs/objecttypes/smj/2438A51C-BCD4-FF26-DE27672C13233C44/The%20Female%20Athlete.pdf>.

Jeffreys, R., Stepanchak, W., Lopez, B. & Clapp III, J. (2006). Uterine blood flow during supine rest and exercise after 28 weeks of gestation. *British Journal of Obstetrics & Gynecology*, 113, 1239-1247.

Kardel, K. (2004). Effects of intense training during and after pregnancy in top-level athletes. *Scandinavian Journal of Medicine & Science in Sports*, 15, 79-86.

Kardel, K. & Kase, T. (1998). Training in pregnant women: effects on fetal development and birth. *American Journal of Obstetrics & Gynecology*, 178, 280-286.

McKeag, D. (2003). *Basketball: Handbook of sports medicine and science*.

Swedan, N. (2001). *Women's Sports Medicine and Rehabilitation*. Lippincott, Williams & Williams.

Women in Sport (2000). B. Drinkwater (Ed.). International Olympic Committee: Wiley Interscience. Retrieved September 26, 2008 from <http://www3.interscience.wiley.com/cgi-bin/bookhome/117886783>.

Research on Psychosocial Aspects of Pregnancy in Athletes

Clarke, P. & Gross, H. (2004). Women's behavior, beliefs and information sources about physical exercise in pregnancy. *Midwifery*, 20, 133-141.

Goodwin, A., Astbury, J. & McMeeken, J. (2000). Body image and well-being in pregnancy: Comparison of exercisers and non-exercisers. *Australian & New Zealand Journal of Obstetrics and Gynecology*, 40(4), 442-447. Retrieved September 27, 2008 from <http://www3.interscience.wiley.com/cgi-bin/fulltext/120791220/PDFSTART>.

Women in Sport (2000). B. Drinkwater (Ed.). International Olympic Committee: Wiley Interscience. Retrieved September 26, 2008 from <http://www3.interscience.wiley.com/cgi-bin/bookhome/117886783>.

Wyshak, G. (2001). Women's college physical activity and self-reports of physician-diagnosed depression and of current symptoms of psychiatric distress. *Journal of Women's Health and Gender-Based Medicine*, 10(4), 363-370.

Legal Resources

Dear Colleague Letter from Stephanie Monroe, Office of the Assistant Secretary, Office for Civil Rights, Department of Education, June 25, 2007, available at: <http://www.ed.gov/about/offices/list/ocr/letters/colleague-20070625.html>.

Deborah L. Brake, The Invisible Pregnant Athlete and the Promise of Title IX, 31 HARV. J. L. & GENDER 323 (Summer 2008), available at: <http://www.law.harvard.edu/students/orgs/jlg/vol312/323-366.pdf>

Physical Activity Prescription Model

Canadian Society for Exercise Physiology (2002). PARmed-X for Pregnancy: Physical activity readiness medical examination. Retrieved September 26, 2008 from http://uwfitness.uwaterloo.ca/PDF/parmed-xpreg_000.pdf.

College Student Health & Sexuality

American College Health Association (2008). American College Health Association-National College Health Assessment: Executive Summary Spring 2008. Pregnancy, p. 6; Violence, p. 6; Sexual behavior, pp. 10-11. Retrieved October 2, 2008 from http://www.acha-ncha.org/docs/ACHA-NCHA_Reference_Group_ExecutiveSummary_Fall2007.pdf.

American College Health Association (2007). American College Health Association-National College Health Assessment: Reference Group Data Report Fall 2007. Pregnancy, p. 25; Violence, pp. 6-7; Sexual behavior, pp. 20-25. Retrieved October 2, 2008 from http://www.acha-ncha.org/docs/ACHA-NCHA_Reference_Group_Report_Fall2007.pdf.

The Alan Guttmacher Institute (2002). *Sexual and reproductive health: Women and men*. New York: Alan Guttmacher Institute. Retrieved September 26, 2008 from <http://www.guttmacher.org>.

The History and Practice of College Health (2002). H.S. Turner, J.L. Hurley (Eds.). University Press of Kentucky.

U.S Department of Health and Human Services. (1997). Centers for Disease Control and Prevention November 14, 1997 Morbidity and Mortality Weekly Report: Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey—United States, 1995. Retrieved September 26, 2008, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00049859.htm>.

Position Statements on Exercise and Athletic Participation during Pregnancy

American Chiropractic Board of Sports Physicians (undated). Position statement on exercise and athletic participation during pregnancy. Retrieved September 26, 2008 from <http://www.acbsp.com/Position%20Paper%20-%20Pregnancy.htm>.

American College Health Association (2004). Standards of practice for health promotion in higher education. Retrieved September 25 from http://www.acha.org/info_resources/SPHPHE_statement.pdf.

American College of Obstetricians and Gynecologists (2002). Committee opinion number 267: exercise during pregnancy and the postpartum period. *Obstetrics & Gynecology*, 99(1), 171-173. Retrieved September 26, 2008 from <http://www.greenjournal.org/cgi/reprint/99/1/171>.

(Note: The American College of Sports Medicine does not have a position stand on this)

American Medical Women's Association (2008). Position paper on sex and gender specific medicine. Retrieved September 25, 2008 from http://www.amwa-doc.org/files/Gender_Specific_Position_Statement.pdf.

Canadian Academy of Sports Medicine (2008). Position paper: Exercise and pregnancy discussion paper. Retrieved September 25, 2008 from <http://www.casm-acms.org/documents/PregnancyDiscussionPaper.pdf>.

Royal College of Obstetricians and Gynecologists (2006). Statement number 4: Exercise in pregnancy. Retrieved September 26, 2008 from <http://www.rcog.org.uk/index.asp?PageID=1366>.

Society of Obstetricians and Gynaecologists of Canada & Canadian Society for Exercise Physiology (2003). Joint COGC & CSEP clinical practice guideline: Exercise in pregnancy and the postpartum period. Retrieved September 27, 2008 from http://www.d.umn.edu/~nacsm/joint_sogc_csep_guidelines.pdf.

Sports Medicine Australia. (2001). Participation of the pregnant athlete in contact and collision sports. Retrieved September 26, 2008 from <http://www.sma.org.au/pdfdocuments/torode.pdf>.

Sports Medicine Australia (2005). SMA statement: Benefits and risks of exercise during pregnancy. Retrieved September 27, 2008 from http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B82X6-4HTMF62-6-1&_cdi=33022&_user=3742306&_orig=search&_coverDate=03%2F31%2F2002&_sk=999949998&view=c&wchp=dGLbVIW-zSkWA&md5=041f45025b2c377516f68c7d5ee5499c&ie=/sdarticle.pdf.

Surf Lifesaving Australia (2006). Policy statement 3.3: Pregnancy and the surf lifesaver; competition and patrols. Retrieved September 26, 2008 from http://www.slsa.com.au/site/_content/resource/00000305-docsource.pdf.

Women's Sports Foundation (2008). Issues related to pregnancy and athletic participation: The Foundation's position. Retrieved September 25, 2008 from <http://www.womenssportsfoundation.org/Content/Articles/Issues/Equity%20Issues/Issues%20Related%20to%20Pregnancy%20%20Athletic%20Participation%20The%20Foundation%20Position.aspx>.

Presentations

Sorensen E., Sincoff, M. & Siebeneck, E. (2007, May 1). Best practices: Pregnancy policies. Paper presented at the NCAA Gender Equity and Issues Forum, New Orleans LA. Available at: <http://www.ncaa.org/wps/wcm/connect/resources/file/ebd9b94ba169aec/SorensenPregPolicies07.ppt?MOD=AJPERES&attachment=true>
<<http://www.ncaa.org/wps/wcm/connect/resources/file/ebd9b94ba169aec/SorensenPregPolicies07.ppt?MOD=AJPERES&attachment=true>

Sorensen, E. (2008, April). Pregnancy policies. Paper presented at the NCAA Gender Equity and Issues Forum, Boston MA. PowerPoint retrieved September 27, 2008 from http://www.ncaa.org/wps/wcm/connect/resources/file/eb143702b269c1b/Sorensen_Pregnancy_Policies.pdf?MOD=AJPERES.

Websites of Information for Pregnant College Students

Wright State University. (2004). Help for pregnant students. Retrieved September 26, 2008, from <http://www.wright.edu/students/pregnancy>.

Guttmacher Institute (2008). Advancing sexual and reproductive health worldwide through research, policy analysis, and public education. Retrieved September 26, 2008 from <http://www.guttmacher.org>.

Female Athlete Triad

American College of Sports Medicine. (2007). Position stand: The female athlete triad. *Medicine and Science in Sports and Exercise*, 1867-1882.

Ireland, M. & Ott, S. (2004). Special concerns of the female athlete. *Clinics in Sports Medicine*, 23, 281-298.

Warren, M. (1999). Health issues for women athletes: Exercise induced amenorrhea. *Journal of Clinical Endocrinology & Metabolism*, 84(6), 1892-1896.

Warren, M. & Shantha, S. (2000). The female athlete. *Balliere's Clinical Endocrinology & Metabolism*, 14(1), 37-53.

NCAA Female Athlete Triad Prevention: http://www.ncaa.org/wps/wcm/connect/resources/file/ebdeb64486eb24e/female_athlete_triad.pdf?MOD=AJPERES&attachment=true



Chapter 4: Case Studies & Media Stories

Pregnancy and Parenting Can Be Compatible with Athletics Participation at All Levels

Paula Infante is a field hockey player. She has endured the rigors of two-a-day workouts and marched to the field each day with the goal of being her best self. Twice she led the University of Maryland to NCAA Division I titles and twice she was rewarded with the Honda Award, given to the nation's top collegiate athlete in her sport. Infante is also a mother who became pregnant in high school. Some would say that her achievement in the game is miraculous considering her situation. Others might say that her pregnancy actually enabled her athletic achievements.

When a woman becomes pregnant, many coaches and athletes assume that her life as a competitive athlete is over. Plain and simple, this is a myth. Unlike a knee injury, pregnancy is normal and healthy for the female body. Although pregnancy may require temporary accommodations, there is no evidence that post-partum women are not capable of returning to and even improving upon their athletic form. It is helpful to equate pregnancy with temporary disabilities when considering legal protections and discrimination, since men do not experience pregnancy, but it is an unhelpful comparison when the comparison limits athletic aspirations. In fact, most athletes who are mothers report pregnancy as a positive event physically, adding to their strength and stamina.¹

The myth that women’s reproductive systems are an athletic handicap is one that we’ve heard, and disproved, a number of times throughout history. In the Victorian era, women were warned against riding bicycles for fear of infertility. At the 1928 Olympic Games, several women collapsed in exhaustion while vying for the gold in the 800-meters, leading Olympic decision-makers to bar women from long distance running events. They cited “overexertion” as a danger to supposedly “fragile” women. It wasn’t until 1984 that the marathon was open to women in the Olympics.

While there were female athletes who were mothers before Title IX, they – along with elite women athletes generally – were very rare. Olympic Hall of Fame member Fanny Blankers-Koen, “The Flying Housewife,” won four gold medals in the 1948 Olympics when she was the mother of two children. Australian tennis great Margaret Court won three of the four Grand Slam events in 1973, the year after having her first child. Now, after Title IX, with millions of girls and women participating in sports, their sheer numbers make the earlier misperceptions about women’s bodies almost laughable.

Opening the doors for women to participate in athletics has greatly changed basic assumptions about women’s bodies’ abilities to achieve athletically. One such change is the understanding of the age at which women peak physiologically. In 1960, the average female U.S. Olympian was 16 years of age. As opportunities for women athletes expanded to include college, their continued athletic success began to challenge the link between youth and peak athletic performance. In 2008, the average female U.S. Olympian was 26.5 years of age, and 22 of those athletes were over the age of 35 years.²

Similarly, the idea that women athletes who receive proper prenatal care and emotional support

can continue to progress with their athletic careers, is a change in mindset partially attributed to Title IX. As the average age of the elite female athletes has increased, it is probably not surprising that a significant number of them have also combined their athletic careers with pregnancy, childbirth and parenting. On the 2008 Olympic Team, 20 team members were mothers, with at least two giving birth within a year of their Olympics performances. They come from all types of athletic disciplines, from sprinters and endurance athletes, from weight lifters to gymnasts, from individual to team athletes, including those participating in contact sports.

Hundreds of the world’s top female athletes have excelled in their sport on the Olympic and professional level following childbirth. There are more than 30 mothers in the WNBA, and 28 mothers on the LPGA Tour. Houston Comets star Sheryl Swoopes has been named Most Valuable Player of the WNBA a record three times since the birth of her son 10 years ago. Her WNBA counterparts Lisa Leslie and Tina Thompson, also mothers, won gold medals in Beijing. Pam Stuart Fontaine won a gold medal on the U.S. Women’s Wheelchair Basketball Team at the 1988 Paralympics held in Seoul, Korea. She had her son in 1992 and went on to win a bronze medal in the 1996 Paralympics in Atlanta.

U.S. Soccer team legends Carla Overbeck and Joy Fawcett, members of the famous 1999 World Cup Champion soccer team, have five children between them. They proved it was possible to be the best in the world while parenting. Following their example, when their former teammates Kate Markgraf and Christie Rampone won gold for the U.S. women’s soccer team in Beijing, they both ran to the stands to grab their kids. Leah O’Brien Amico, one of three mothers on the U.S. softball team gave birth to a son between her second and third gold medals at the 2000 Olympics in Sydney and the 2004 Olympic Games. It could be said that the success of several of the U.S.

Similarly in individual sports, Liz McColgan came back from having her year-long maternity break in 1989 to win the 10,000 meters at the 1991 World Championships in Tokyo. The next year, in 1992, she won the World Half-Marathon in Newcastle while setting a new world record, the Tokyo Marathon, and a fifth place at the 1992 Olympics. After giving birth to Hayley in 1990 and Cori in 1994, Julie Inkster's professional golfing career blossomed: She has won 18 of her 31 tournaments and she has won more than \$8-million of her \$11-million-plus in career earnings. Lindsey Davenport turned professional at 14 years of age. At 20, she took home the gold at the 1996 Atlanta Summer Olympics, before going on to win the U.S. Open, Wimbledon, and the Australian Open. After giving birth at age 32 to her son, Jagger, she is winning on the professional circuit again. Champion athletes like Melanie Roach, an Olympic weightlifter and mother of three, are living proof of the potential for women to reach new heights athletically after childbirth.

Pregnancy and Collegiate Athletes

Athletics directors, coaches and student-athletes at the collegiate level may fear that pregnancy and parenting may jeopardize the athletics careers and academic progress of women. However, like the Olympians and professional athletes described above, many intercollegiate student-athletes have successfully met the challenges of pregnancy and parenting while earning their undergraduate degrees. Kylie Galloway, a basketball standout at the University of Hawaii, discovered she was pregnant the day before a separate ankle injury sidelined her. After utilizing the additional year provided by the NCAA bylaws for graduation,³ she has successfully returned to her team. University of Southern California's Brynn Cameron successfully returned to her basketball team after sitting out the 2006-07 season while pregnant with a son, fathered by Heisman Trophy winner, Matt Leinhardt. Stephanie Mahle Davis, Wright State University soccer

player, discovered she was pregnant after completing her freshman year. She received support from her institution, and after giving birth she returned to compete successfully. And Marquette's basketball player Efueko Osagie-Landry underwent a rigorous off-season workout to return to playing shape after giving birth to her daughter, Moriah.

Supportive Coaches Are Key

Coaches can play a pivotal role in helping their athletes deal with pregnancy and parenting. Efueko Osagie-Landry credits being able to parent her daughter Moriah with the support from her coach and team. "They are really helpful. (Marquette coach) Terri Mitchell allows me to take her on trips and practices, and she's very involved with the team. We're like a big family." Courtney Jacobs, a track student-athlete at the University of Kansas, was frightened about the prospect of losing her scholarship and her ability to continue with her education if she had a child. She was afraid to tell her coach, Stanley Redwine, and she continued to train. When he saw her vomiting during practice, he pulled her aside. "Courtney, I'm not stupid." He met with her in his office the next day and helped her negotiate through each decision. "I just think you support your athletes," Coach Redwine said. "It's doing what's right. It comes down to moral issues. I was just trying to do what I believe in."

For female student-athletes who have children in high school, finding the right school and securing a college scholarship can be a challenging feat in the face of stereotypical notions of the pregnant student-athlete's priorities. Soccer standout Tina Frimpong gave birth in high school. She found a supportive coach and played for the University of Washington for four years after having a child, and now plays for the U.S. National Team. Paula Caten gave birth to her daughter at age 17 while

still in high school. After two years at community college, she found a supportive team and is now a 4.0 student at the University of Kansas and has been a starter for two appearances in the NCAA volleyball tournament. These are a few of many women who, with support from coaches and family, have proved the doubters wrong, continuing on in her athletic career after having a child.

Arkansas State basketball coach Susie Gardner says of her star center, Danielle Allen, “Every day I’m more amazed at what she’s done and how she’s handled this whole situation. She is just an inspiration. Amazingly, she took a semester off and she’s still going to graduate on time. I don’t have enough adjectives to describe how proud of her I am.” The former U.S. women’s soccer coach Tony DiCicco has said this about the mothers on his team, “Having a child puts a balance in your life. Probably because soccer is so much easier than raising an infant. Just the physical demands can make soccer seem like a breeze. Motherhood is a tremendous responsibility, and they have both shouldered them both so well.” Also, some coaches recognize the additional benefits of being a parent, “If I’m happy, I train better and I race better,” marathoner Paula Radcliffe has said. “And the fact that I’ve got a little angel in my life makes me run better.”

Getting Back in the Game

Being a competitive female athlete demands a strong drive and goal-orientation. Those qualities are not lost in pregnancy, and, given the right encouragement and support, tend to fuel a remarkably quick return to sports for top-level athletes. Connie Neal returned to practice at the University of Louisville just 26 days after giving birth to her daughter, and returned to competition just 9 days after her return. Nichole Tolley, a senior member of the 2007 Brigham Young University

women’s swim team, was back in the pool only a month after having her daughter. When Danielle Allen, a basketball player at Arkansas State became pregnant, she continued to train, including lunges the day before the baby was born, returning to the team less than three months after giving birth.

Carla Overbeck and Joy Fawcett, both starters when on the national soccer team, worked out throughout their pregnancies and were determined to return to their elite playing level. Because it was Fawcett’s second pregnancy, Overbeck had the luxury of having another teammate who had successfully returned to sports. Overbeck ran until she was 7 1/2 months pregnant, then switched to a Stairmaster. She lifted weights until the day her water broke. She said the only thing she cut back on was sprinting. “After the birth, I did nothing for two weeks, then I had a goal — to get back on that field with the team [for a match a month later with Germany]. I knew if I could play at that level seven weeks after the birth that I would be able to do it.” She went on to play with even greater successes until after the 2000 Olympics in Sydney when she retired.

Women who return to sports after the birth of a child aren’t mere accessories, but often come back with a new energy and strength. Aretha Thurmond finished sixth among all female discus throwers at the U.S. Outdoor Track & Field Championships, just 18 days after giving birth. In November 2007, Paula Radcliffe won the New York City Marathon in two hours 23 minutes and nine seconds, less than 10 months after having a baby. She reportedly ran the day before she gave birth to her daughter, Isla. And 12 days after Isla’s birth, she started running again. Xian Dongmei from China defended her Athens Olympic gold medal in the Women’s Judo 52kg weight class at the Beijing Olympics, just 10 months after giving birth.

These quick comebacks may not be typical for women generally, and return to sport will be affected by different variables, including delivery method such as a vaginal birth or one by Cesarean section. However, clearly athletes, by virtue of their physical resiliency and their mental determination, possess the potential to return and excel at sport after childbirth and while parenting.

Sonia O’Sullivan, a middle-distance runner, won an Olympic silver medal for Ireland when her daughter was just a year old. “Obviously, in fitness terms, being pregnant was new territory for me. I wanted to be as fit as possible without taking any risks. I certainly did not want to stop training completely as the risk of injury is much higher when you start again from nothing. During the pregnancy, I had possibly even gained in terms of endurance as it’s a bit like running in altitude. When Ciara was born, I wanted to prove I could come back to the same level. In the beginning, it was the great unknown – I had a different body and couldn’t compare my training situation to other previous experiences but Ciara’s needs took my mind off any negativity and actually things were made easier by the fact that I got stronger at every session.”

While many women are convinced that pregnancy and childbirth means a reduction in athleticism, women athletes report increased dedication to return to sport, as well as improvements in stamina and overall strength. Dara Torres swam her best time in the 50m freestyle at the 2008 Olympic Games just two years after giving birth and 24 years after her first Olympic team in 1984. Her famous abs are a testament to the power of a women’s body to recover from pregnancy. Marathoner Paula Radcliffe has said that she felt having given birth has improved her endurance and her recovery. She said, “I think your body is just a little bit stronger after pregnancy.”

Male Student-Athletes and Parenting

Although women are the only sex making physical adaptations for pregnancy and childbirth, they certainly aren’t the only ones affected by pregnancy. Male student-athletes are also taking an active role in parenting while participating in collegiate athletics. Like female student-athletes, they wear their love for their child with pride, without sugar-coating how difficult it is to juggle athletics, academics and parenting. Paul Williams, a linebacker at Texas Tech, was not sure how he could fit a baby into his already packed schedule, particularly since his wife worked 12 hour shifts as a nurse. But her pregnancy slowed their social life to board games and television, and “Super Daddy mode” took over when their son was born. He is now an active part of Ashton’s everyday life. Arizona linebacker Spencer Larsen planned his course schedule so that he could take just one class over the summer to spend time with his wife, Ann, and their new baby.

Luke Mehring, a former UCLA soccer player, decided against taking a job after college graduation to parent his son, Mason, while Becky Mehring completes her degree and collegiate volleyball career at UCLA. Jeremy Larson, a wrestler at Oregon State ranked 17th nationally in his weight class, takes an active role in parenting his son, Benjamin. “Sometimes I stop and say, ‘Hey, this is pretty crazy’ but most of the time I stay pretty busy and just keep after things.” Talib Aqib, a football All-American cornerback and Orange Bowl MVP at the University of Kansas, has adjusted to life since his daughter was born June 22,



2007. He and his partner, Courtney Jacobs, a KU student-athlete on the track team, report a grueling schedule of practice, school, homework, childcare.

Spouses Marcus Landry, a forward on Wisconsin's basketball team, and Efueko Osagie-Landry, a starter for Marquette's basketball team, are the parents of a daughter, Moriah. "It's complicated, but it's doable because I have a lot of support and help from my teammates, my family here in Milwaukee and my husband as well. It's a lot of balancing and discipline in order to get it done." Sherron Collins, a basketball guard at the University of Kansas, travels to Chicago every other weekend in the spring and summer. His partner and child visit Collins regularly. Collins talks with her on the phone every day, and even though his son can only say, "Da-da" Collins still talks with him. All these student-athletes readily acknowledge that parenting is a daunting undertaking, particularly when combined with collegiate athletics and full-time academics. Some have opted to drop out of college or their athletic teams, but for those determined and disciplined enough to meet the challenges, they are grateful for the opportunities. Bernard Jackson, quarterback of the University of Colorado's football team and father to a toddler with health problems, has continued to perform well. His coach, Dan Hawkins, has been supportive. "It's extremely difficult. We have a few other guys that are parents as well. You know, shoot, it's hard enough to juggle football and school, then you've got to juggle parenthood in there." Says Bernard, "It's become very humbling for myself," he said. "I don't do the things that most college students would do. It's matured me a lot. I enjoy every minute of it. I wouldn't ask for any other situation. This is my life."

Conclusion

"Shoot, Mom, shoot!" yells an energetic three-year old in the bleachers.

Despite the play at hand and her focus on the game, Shante Williams hears that little voice. Some place in the back of her mind, she knows that that voice is the real sound of winning. In 2005, Williams took a medical redshirt from Florida State University, after learning that she was pregnant with her son. Despite her yearning to make it all work, she, like so many women in the same position, couldn't help but feel self-doubt, wondering if she could truly make a comeback after he was born. Williams is back on the court, contributing daily to her Division I basketball team. When she, or her coach, hears her son cheer, undoubtedly, their sense of what is possible takes new shape.

Pregnancy and children have long had a place in athletics, even when the two spheres have been uncomfortable acknowledging each other. It is time to treat the issue humanely. A student-athlete should have a full range of choices, including abortion or having the child, and withdrawing from or staying on the team. The NCAA encourages athletics departments to adopt the Model Pregnancy and Parenting Policies in order to combat potential misperceptions that may limit educational opportunities, may needlessly isolate young people, and may cause serious health risks. Establishing a supportive environment for pregnant and parenting student-athletes is an essential first step toward ensuring the overall health of the student-athlete and the athletics department.

Additional Sources

Mark Willis, "Go for the Glory," Wright State University website, Fall, 1996. Available at: http://www.wright.edu/news_events/community/fall96/athletes.html

Chris Talbott, "College Athletes with Kids Major in Life," Associated Press, March 2, 2007. Available at: <http://www.washingtonpost.com/wp-dyn/content/article/2007/03/02/AR2007030200657.html>

Mark Dent, "Athletes with children: These KU athletes must find time to excel in both sports and child care." University Daily Kansan, January 23, 2008. Available at: http://www.kansan.com/stories/2008/jan/23/athletes_children.

Peter Worth, "Balancing Books, Basketball and a Baby," The Warrior, Feb. 13, 2007. Available at: <http://thewarrior.org/2007/02/13/balancing-books-basketball-and-a-baby/>

Kevin Scheitrum, "Labor of Love," NCAA.com, Aug., 8, 2008. Available at: <http://www.ncaa.com/sports/c-otrack/spec-rel/080808aaa.html>

"Xian Dongmei of Guangdong retains Olympic gold after bearing child," News Guangdong, Aug. 11, 2008. Available at: http://www.newsgd.com/specials/BeijingOlympics/Photos/content/2008-08/11/content_4529807.htm

Karen Crouse, "Torres Getting Older, But Swimming Faster," New York Times, November 18, 2007. Available at: <http://www.nytimes.com/2007/11/18/sports/othersports/18torres.html?pagewanted=all>

Susan Meyers, "In a league of her own: Nurse coaches colleges on fair university policy for pregnant athletes." Nursing Spectrum, October 2006 Midwest Issue. Available at: <http://community.nursingspectrum.com/MagazineArticles/article.cfm?AID=23865>

Jonathan Ganz, "U.S. soccer stars juggle teamwork and motherhood", CNN/ Sports Illustrated, June 22, 1999. Available at: http://sportsillustrated.cnn.com/soccer/world/1999/womens_worldcup/news/1999/05/06/soccer_moms/index.html

Gina Kolata, "Training Through Pregnancy to Be Marathon's Fastest Mom," New York Times, Nov. 3rd, 2007. Available at: <http://www.nytimes.com/2007/11/03/sports/othersports/03runner.html>

Pat Ford, "Athlete kept pregnancy secret, played for eight months," Cincinnati Enquirer, March 6, 2004. http://www.enquirer.com/editions/2004/03/06/spt_spthoop1pr.html

Amy Young, "BYU player goes from student-athlete to student-athlete mother," The Daily Universe, March 22, 2005. Available at: <http://www.cstv.com/sports/c-swim/uwire/032205aad.html>

Al Chase, "She's got game: Balancing motherhood, marriage, school, and sports keeps Erin Galloway on her toes." Honolulu Star-Bulletin, December 25, 1999. Available at: <http://starbulletin.com/1999/12/25/sports/story2.html>.

Greg Auman, "For pregnant athletes, a unique circumstance," St. Petersburg Times, February 24, 2008. Available at: http://www.sptimes.com/2008/02/24/Sports/For_pregnant_athletes.shtml (Brynn Cameron son's father is USC quarterback and Heisman trophy winner Matt Leinart, who is now playing for the National Football League's Arizona Cardinals.)

"Tina Frimpong; A Soccer Mom of a Different Kind," USA Soccer Magazine, 2005. Available at: http://ussoccer.com/articles/viewArticle.jsp_280728.html

"Student, athlete, husband, father: UW's Marcus Landry, in a nutshell," By Dana O'Neil, ESPN.com, September 30, 2008. Available at: <http://sports.espn.go.com/ncb/news/story?id=3616868>

Footnotes

1. Surprisingly, at one time there was a short-lived myth that pregnancy actually enhanced performance much like banned performance enhancing drugs. In 1983, Ingrid Kristiansen won the Houston Marathon, just five months after she gave birth to her first child. Two years later she broke the world record in the marathon in London. That led to the (false) hypotheses that pregnancy is good for elite runners because of the physiologic changes, including enhanced blood volume, increased cardiac output, stroke volume and expanded tidal volume, changes that mimic blood doping. See, e.g., Karen Springen, "How Dara Torres Does it," Newsweek, July 7, 2008. Available at: <http://www.newsweek.com/id/144947/page/2> (Discussion with Carl Foster, professor of exercise and sports science at the University of Wisconsin at La Crosse and past president of the American College of Sports Medicine, about aging athletes like Torres); Gina Kolata, "Training Through Pregnancy to Be Marathon's Fastest Mom," New York Times, Nov. 3rd, 2007. <http://www.nytimes.com/2007/11/03/sports/othersports/03runner.html>

2. USA Today Over 35: Kristin Armstrong, 35, cycling, Libby Callahan, 56, shooting, Gao Jun, 39, table tennis, Deena Kastor, 35, marathon, Lisa Leslie, 36, basketball, Magdalena Lewy Boulet, 35, marathon, Brenda Shinn, 46, shooting, Sheila Taormina, 39, modern pentathlon, Christine Thorburn, 38, cycling, Dara Torres, 41, swimming.

3. Division I – 14.2.1.3 Pregnancy Exception.

A member institution may approve a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

Division II and Division III – 14.2.2.2 Pregnancy Exception.

A member institution may approve a two-semester or three-quarter extension of this 10-semester/15-quarter period of eligibility for a female student-athlete for reasons of pregnancy.





The NCAA Pregnant and Parenting Student-Athletes: Resources and Model Policies web site is located at:

http://www.ncaa.org/wps/portal/home?WCM_GLOBAL_CONTEXT=/wps/wcm/connect/NCAA/About+The+NCAA/Diversity+and+Inclusion/Gender+Equity+and+Title+IX/Pregnancy+Resources

The NCAA salutes the more than

400,000 student-athletes

participating in **23 sports** at

more than **1,000** member institutions

