

**Personal Accounts of University of South Carolina Employees' Experiences with
Current Parental Leave Policy in South Carolina**

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Below is a growing collection of personal stories of parenting and unparenting staff at UofSC
who have struggled under the current parental leave policies.

Megan's story:

I am an eight-year university employee and alumna. My husband is a ten-year university employee and soon to be graduate of this institution.

We met here, went to school here, fell in love here, and dedicated our life's work to supporting the student experience here.

In November 2019, we welcomed our son into this world. In preparation for his arrival, I met with our human resources staff to discuss my options for utilizing the Family and Medical Leave Act (FMLA) to protect my job and to learn how to remain paid during parental leave. To my shock, I learned that through our Family and Medical Leave policy (HR 1.07) that "When both eligible spouses work for the State of South Carolina, they are limited to a combined total of 12 work weeks of leave in a 12-month period for the following FMLA qualifying reasons...a. the birth of a son or daughter and bonding with the newborn child, b. the placement of a son or daughter with the employee for adoption or foster care and bonding with the newly-placed child, and, c. the care of a parent with a serious health condition." The reality is that I am considered an individual with other processes in the state (e.g., insurance), but when it comes to parental leave and bonding with our child, my husband and I must split this time as it is "one life event" that only one person can claim leave for.

This policy robbed us of bonding time as a new family. As I was healing from my Cesarean-section surgery, a major abdominal surgery, my husband was only able to use 10 days of family sick leave to support my healing and attempt to bond with our son. After his time was up, he had to go back to work and miss all the moments that could have been. As I healed from surgery and entered motherhood, I was alone without my spouse trying to figure out each day. Our extended families live in New York and Florida and could not be a constant support due to distance. We were alone and this policy made certain that our nuclear family remained separated during this time. My heart aches for all the parents, past and present, who are state employees that must navigate this issue.

Being an employee for many years, I was lucky to accrue sick leave and annual leave to prepare for parental leave to remain paid. I exhausted all my annual leave and knew from the moment I needed to return to work that it would take around two-years to build enough leave up if we were hoping to grow our family again. This meant working day in and day out to save up as much time as possible – missing many memory-making moments with my family all for the pressure to remain paid as we plan to grow our family in the future. With little days off over the past few

years, I have had many colleagues and supervisors ask me why I never take off. This is my why. I risk my well-being, mental health, and energy for the sole reason that my family cannot afford to be unpaid during parental leave in the future.

If UofSC is the remarkable “we,” then institutional leadership and advocates at every level need to step up to enhance the working life of state employees. We need our institution’s government relations staff to push our state legislatures to make positive changes in the house and senate in favor of the paid parental leave bill H. 3560.

Savannah’s story:

I was pregnant in 2020 with twins. At 33 weeks, I went into pre term labor and had to be hospitalized to try to halt it. While on an IV cocktail of several very debilitating medicines, and in a great deal of pain from regular contractions, I continued to work remotely from my hospital bed, not wanting to waste any of my precious accrued leave days that would be paid, or cut into any of the pitifully short 12 weeks FMLA allowed me to spend with my babies and recover from childbirth.

Unfortunately, labor ultimately could not be halted and I gave birth via emergency caesarean. Immediately after, my blood pressure shot up to stroke-level numbers and I was diagnosed with the rare condition of postpartum preeclampsia. This dangerous condition required me to remain hospitalized for over a week with an IV to try to get my blood pressure down and prevent damage to my heart. In addition to this, both of my daughters required multiple weeks in the NICU due to their prematurity.

During the entirety of my hospital stay and theirs, I continued working. With blood pressure so high I was seeing black spots, an open wound in my abdomen, and two babies who each weighed less than 4 pounds, I sat first in a hospital bed and then next to the incubators in the NICU working, the IV in my hand tapping against my laptop keyboard. Instead of focusing on my recovery and my children, I was desperately trying to preserve the amount of time off and income I would be able to receive under South Carolina’s restrictive policies (or lack thereof) regarding parental leave.

An emergency c-section is traumatic. Sudden and serious health issues are traumatic. Seeing your tiny newborns covered in tubes and sensors is traumatic. Concern over your financial situation, particularly when you are gainfully employed by a public institution, should not add further trauma. The passing of this bill could remove at least one burden from future SC parents who might find themselves in a similar situation.

Catherine's story:

I am a five-year university employee and two-time alumna. I'm also expecting my second child in May.

Three weeks after I gave birth to my daughter in 2018, I received a call from HR at the university with the news I dreaded: after congratulating me, the representative informed me if I wanted to keep my pay and insurance, I would have to return to work in 3 weeks. 6 weeks after giving birth.

The reality of this was starkly different from the theoretical planning I had done, now that I was living through new parenthood. I was still in so much pain. I was sleeping a disjointed two hours each night. My brain jockeyed between disbelief and anger; I was incapable of thinking of anything other than keeping this tiny person alive and breathing. How could anyone expect me to go back to normal a month and a half after giving birth?

Through a flurry of calls, advocacy, and solutions from people my own office at the university (parents themselves, who knew firsthand how stressful this was), I was able to take 10 weeks. I was grateful and still am to their efforts. Even this time was—in no sense—enough.

For over a year after my daughter's birth, I suffered silently through undiagnosed postpartum depression. My leave exhausted, I had no time available to take off from work. For the sake of my family, I felt I had no choice but to put my head down and keep going. It wasn't until I came to the point of nearly losing myself that I finally received the medical care I needed. I consider myself fortunate to be here today.

As I stare down the realities of my second pregnancy and birth, recollections of my first experience navigating leave at the university once again clouded what should be some of the happiest days of my life—the joy of expecting another child, of expanding our family. Current state policy allows little room for that joy.

Sarah's story:

I am in my third year with the university and very happily married to my partner. We were undecided about whether to have a child in the first few years of our marriage. Recently, we decided that we would like to be parents. In order to provide the care and time for bonding that I believe is necessary for a newborn, I will need to severely limit the sick and vacation time that I would normally take throughout the course of the year. My partner and I have decided to cancel vacations that we had planned to take, and will be rescheduling doctor's appointments for early mornings and weekends where possible.

In my office there is so much support and encouragement to take the time you need to be rested, taken care of, and happy so that when we are at work, the person we are for our students is our best self. I have loved working in an office that so explicitly encourages a healthy work-life balance, especially during remote work during the pandemic.

Unfortunately, in order to care for the family I want in the best way I can, I must sacrifice that work-life dynamic and delay having a child for another two years while I accrue sufficient leave.

Elizabeth's story:

I delivered my son, via emergency c-section, at 33 weeks and 3 days gestational age due to complications from preeclampsia. During the procedure, the doctor noted that my internal organs were bruised and beginning to fail. After delivery, I struggled with having so much fluid in my body that my heart and lungs were compromised. Measurements indicated 14 liters of fluid were pulled out of me over a two-day span. I was unable to handle how to update HR on needing to take leave seven weeks early while I remained hospitalized. My husband does not work for the State, so it was up to me and my supervisor to navigate these changes and requests all while trying to recover and process what I and my son had been through.

My son needed monitoring in the NICU for three weeks. I offered to come back to the office after my own discharge from the hospital, because my son's health status was still in question, and I was worried I would not have enough time saved to adequately cover his needs once he was discharged. My supervisor declined, knowing I was not really ready. I was lucky that neither my son nor I had any further complications. We were able to have six and a half weeks together at home before I returned to work. I took a great risk in nearly zeroing out my sick leave. Follow up appointments happen long after the birth for both baby and mother. If we had dealt with continued complications, I would have no choice but to explore leave without pay, which then impacts insurance coverage for said appointments. None of this was clearly communicated to me initially by HR.

It took me forty-two months to save leave time prior to my son's birth. If I were to become pregnant again, I would be considered high risk and have to take more sick leave prior to birth to allow for doctors' appointments, eating into my maternity leave. I feel a constant pull between a desire to enjoy my time off and have enriching experiences as a family of 3, and the need to "bank" those days for another pregnancy.

Emma's story:

I have two sons, ages 4 and 1 ½. With each, I was lucky enough to accrue a minimum of 6 weeks of paid leave. However, because there is no paid maternity leave policy, I had to make the impossible and unfair decision of taking unpaid leave to extend my time at home with my newborn and to allow time for my body to continue healing, or to return to work, depleted of leave well before my body or mind was ready to be there.

I was employed at a different state institution when my first son was born. I returned to work at eight weeks postpartum, and soon after, I was diagnosed with severe postpartum anxiety and depression.

Going to work felt like the heaviest task and the fear and guilt associated with having left my child so soon consumed my thoughts all day at work. I worried about what was happening to him, if he was okay, and would count down the seconds until I could go pick him up. Postpartum anxiety and depression are unlike anything I've ever experienced. They consumed my identity as a mother, wife, and practitioner, and soon even getting out of bed felt impossible. However, because my leave was depleted, I was unable to take any time off to heal or get help.

Eventually, I would find a great mental health counselor and would come out on the other side of my anxiety and depression. Additionally, in my current role at UofSC, I have a phenomenally supportive supervisor who made my return to work with my second son a positive, flexible experience that made prioritizing my mental health possible- a true night and day difference from my previous institution. There are so many women who do not share the same ending to my story, and with a more established parental leave policy, prioritizing mental health could be something that is not just a benefit to some, but to all.

Lauren's Story:

I am writing to tell my story about maternity leave. I have had 2 children while working at USC and my third is on the way.

- After my first baby, I suffered from postpartum depression and anxiety. A large source of this anxiety came from having to return to work after 8 weeks so that I didn't exhaust all of my leave. I was committed to not exhausting all of my leave because my baby was starting daycare and I would inevitably need time for doctors visits, etc. I was told that I could not utilize unpaid leave without first exhausting all of my paid leave, despite my hope that I could utilize some unpaid leave rather than exhaust all of my leave without any cushion to care for my baby when she was sick. During the first year of my baby's life, she had to get ear tubes, suffered from c. diff due to overuse of antibiotics, and was very sick every other week due to exposure to other children in daycare at such a young age. This led to my depression and anxiety growing even worse and required intervention by a counselor and doctor. But I was not able to take time off for my personal health

issues due to my need to preserve all leave possible to care for my baby when she was sick and to hopefully save up leave to have another child.

- There isn't a great resource for women who want to know the process for taking maternity leave. Information sharing is very dependent on word of mouth from other women, business manager wisdom, and proactive reaching out to benefits counselors. A comprehensive guide on the HR website or some sort of workshop would be immensely helpful to those who need information about parental leave.

Jessica's story:

When my son was born, he was 36 weeks, in the hospital for over a week, had to go daily to appointments when we came home for the first month, and I was suffering from post-partum depression.

I HAD to return to work in 6 weeks because I did not have the resources to stay out longer and didn't have short-term disability insurance.

I needed more time to bond with my son.

I physically needed the time to heal and recover physically and mentally.

I came back to work, but it was hard. I would cry; my brain was foggy; I struggled to focus because I missed my son. I was not the best employee because I needed more time.

My beautiful son is now 13, and we survived.

But had I had paid parental leave, I am pretty sure it could have helped alleviate some of the mental health issues I battled ~ and of course ~ I would have been a better employee when I returned to work.

Leena's story:

In 2013, I was so excited to learn I was pregnant with my first child. I had recently joined UofSC so I had very little sick/annual leave accrued. When my daughter was born in July 2014, I made the decision to take the full 12 weeks off so that I could adjust to my new life as a parent. I also had an emergency C-section which led to a longer recovery timeframe for myself. This decision was not made easily as we (my husband, also a state employee) had to decide if we could actually afford me being out of work for 12-weeks. At this point, I recall only having maybe 7-8 weeks that I could take paid. The rest would have to be unpaid. This caused undo stress during an already stressful time. I was lucky to have an HR staff member that was really helpful in walking me through how to make my paid leave stretch across the 12 weeks (to pay for my

insurance/retirement/etc.). Which to be honest, I would not have even thought about as it was all new to me. Looking back, I wouldn't change my decision. BUT, I wish the state would consider how can we help families during this time where we are adjusting to a new life. Many of us want to be parents and want to work. We know there will be trade-offs but this bill could really help families in the long run. I also returned to work in late October 2014 with no sick/annual leave. This meant stress for any time I/my daughter felt ill as we didn't have any leave left to use when things came up. It felt like there was no win at times.

Fast forward to 2018 when I was blessed to be pregnant with my second daughter. At this point, I had enough leave to cover my 12 weeks, but found that I still had to use it all up and had to rebuild my leave when I returned. I just think that as a working parent, it would be so nice to be supported during this critical time in our lives. Many women will use up their leave, go unpaid, and then worry about the bills/time off. If the state can offer this 12 week of paid parental leave, it will create a supportive work environment that allows families to grow while still being committed to the work place.

Emily's story:

741 Days. It has been 741 days since SC Governor Henry McMaster stood in front of a barrage of local news outlets and publicly urged legislators to pass a bill that would give 12-weeks paid parental leave for SC state employees. The bill that was hailed as having bi-partisan support, in a time when that felt unheard of. Governor McMaster called the bill a "big plus for our economy." In that time we have persisted through a global pandemic. Also in that time, my husband and I have been blessed to welcome our first child into the world. In a time that was filled with excitement we also had to face the sad reality of the financial aspect of our decision to have a child.

My husband and I, like many parents, have a unique set of circumstances. My husband is in his third year at University of South Carolina's School of Law and I work full time for the university in University Health Services. In my role at UofSC, I was a part of the COVID-19 team. This meant that I worked for twenty-one months without taking annual or sick leave. This meant that during my high-risk pregnancy I had to get very creative in how I scheduled my appointments. This was a necessity because as an employee of the University of South Carolina, at the time, I was not offered short term disability and as a state employee, I had no benefit that allowed me to take time away with the birth of my daughter, other than accrued sick and annual leave.

In my choice to have my daughter, I simultaneously made the decision to drain my accrued leave. As any parent who has placed their baby in childcare knows full well, babies get sick in childcare – especially in a time of a global pandemic. I returned to work knowing that if I needed to be out of work to care for my sick child, I might have to do so at the financial detriment of my family. As the sole income earner in my household, this has placed an undo amount of stress on our family. The stress here is because this is something that could have been avoided.

I have watched this bill for over 2 years. I have watched on scstatehouse.gov as the bill stalled in committees. I wrote to my SC senator – who was a sponsor on the bill – and was encouraged by her that the bill would pass last summer. I have done what is asked of a South Carolina citizen. I am now asking that the legislature do what is asked of them by the citizens of South Carolina. Pass SC Bill H3560.

Ali's story:

October 22, 2020 was one of the worst days of my life. I was 7 weeks pregnant and began spotting shortly after returning home from work. Soon it was clear that I was miscarrying. Many thoughts and emotions flood your mind while you are having a miscarriage. Grief, guilt, shame, anger. For me, as a type A planner, even while losing a pregnancy I was thinking about what comes next. My husband and I wanted a second child, wanted our son to have a sibling, so I knew we would try again for the second child we so desperately wanted. So, I thought to myself, “I’ll only take one sick day. I need to keep saving up my sick leave so that I can take maternity leave if we are able to get pregnant again. So I’ll only take one sick day now.”

This is the type of mental planning required of all UofSC staff hoping to become parents. We must weigh the decision to take each and every day of sick and annual leave. Yes, FMLA affords us 12 weeks of job-protected leave that we can use as new parents. However, it is a reality that few of us can afford to take unpaid leave, so to actually take advantage of FMLA time we must save up our sick and vacation leave if we want to continue to have a paycheck after welcoming home a new child.

I started my job at UofSC when my first child was 6 months old. I knew then that my husband and I wanted a second child, so when my HR representative explained that UofSC and the state of South Carolina did not provide paid parental leave, I grew anxious. How long would I need to save up time to make a second child feasible? How would I balance saving leave for a future child while also taking care of the child I already had. That day, I started a spreadsheet with columns for the planned and unplanned leave I knew I would need. As all parents know, leave days are inevitable with young children. There are pediatrician appointments, school holidays, the days your child wakes up with a fever of 100.1, and (in the past two years), school closures and quarantine periods. There is the leave you will need for when you actually become pregnant, for those frequent doctor’s checkups, for morning sickness, for the 100 degree days in July when you are 39 weeks pregnant and can barely make it out of bed, let alone to the office. In October 2020, a week after my miscarriage, I opened my spreadsheet and added my sick leave day for my miscarriage in the unplanned leave section.

I am lucky. I was able to get pregnant again. I welcomed my second child, Wesley, into the world in July 2021. And my spreadsheet worked. I was able to take 12 weeks of paid leave under FMLA to be at home with my son. I am lucky. I have a family support system in Columbia. I work in an office with a supportive supervisor, supportive leadership, and supportive colleagues. I have the privilege of affording stable childcare. I am lucky. I love working for the University of South Carolina and love living in this state. But if we want to continue to recruit and retain the best employees to our institutions and if we want to live up to our stated values and truly support the families in our state, we can't count on luck. We must create a paid parental leave policy. Please join me today in supporting H. 3560.

Katie's story:

I'd love to share my story as it relates to bill H.3560. I had two babies in two years – one in 2011 and one in 2012. The second pregnancy took us by surprise, but of course now we can't imagine life without our little boy. Because I had exhausted my annual and sick leave after the birth of my oldest, we knew there was no way I'd be able to save up enough paid leave to cover maternity leave the second time around. My baby came a little early, at 37 weeks, and had to spend a week in the NICU. Then, at just 6 weeks old, he came down with RSV from a simple cold his big brother brought home from preschool, and we had to go back to the hospital for a few more days because he was so little and his immune system was still weak. So now we had medical bills on top of everything else – mortgage, car payment, student loans, groceries, etc., and we just couldn't afford for me to take the full 12 (unpaid) weeks FMLA offered. I ended up going back to the office 8 weeks postpartum, leaving my fragile, breastfeeding infant at daycare. I had to pump several times a day at work. I was exhausted, sad, and definitely not at my best in the workplace. New parents should be allowed the time to navigate life with a new family member before they come back to work. Otherwise, many of them will return with the feeling they've left a piece of themselves behind. Now is the time to provide paid parental leave; it's been a long time coming.