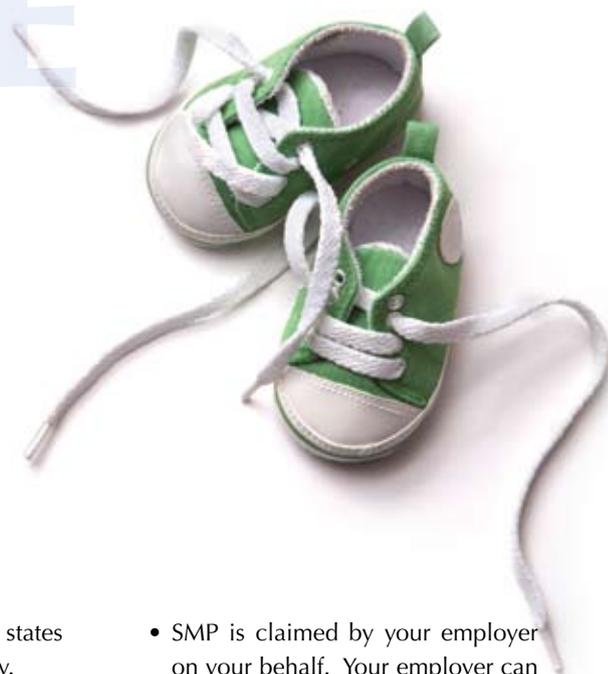


## GAT PAGE

# The Pregnant Anaesthetist



Pregnancy is a very exciting time. Adjusting to your (or your partner's) changing body and planning your future at the same time as working in a demanding job can be challenging. Negotiating your way through the apparent maze of paperwork surrounding rights and benefits on maternity leave and pay can be difficult to fit in between antenatal appointments, busy shifts and preparing for a new arrival.

This article aims to clarify some of the main issues facing pregnant anaesthetists and provide guidance on your rights and responsibilities towards your employer.

## Maternity Leave:

- You must notify your employer in writing before the end of week 25 of your intention to take maternity leave and the date when you wish this to commence (this can be changed with 28 days notice). This should include the MAT1B form which you receive from your
- midwife or GP and which states your expected date of delivery.
- You have the right to a reasonable amount of paid time off to attend antenatal appointments. What is considered reasonable is not defined in law and here sense and consideration to the working of your department should be applied.
- Doctors are entitled to paid and unpaid maternity leave of up to 52 weeks if they intend to return to work afterwards. To be eligible for this you must have completed 12 months continuous service in the NHS by week 29 of the pregnancy.
- Occupational Maternity pay gives 8 weeks full pay followed by 18 weeks half pay then 26 weeks unpaid leave. Statutory Maternity Pay (SMP) is paid in addition for 39 weeks regardless of whether you are returning to work or not.

- SMP is claimed by your employer on your behalf. Your employer can only do this if you have completed 26 weeks continuous service within the same trust. If you have recently moved NHS trust as part of a rotation then you are entitled to Maternity Allowance (MA) not SMP. The amount paid is the same, but you have to apply via your local Job Centre Plus.
- During Maternity Leave you retain all of your contractual rights and benefits. This includes annual pay increments, study budget and accrual of annual leave; it does not include pay. You can attend courses during your maternity leave and claim funds from your study budget. Your annual leave must be taken within the normal calendar year and excess leave cannot be carried on to the next year.
- If after maternity leave you do not wish to return to work your NHS

**1st trimester:** It is wise to inform your employer but you are not obliged to do so until 25 weeks of pregnancy. As soon as your employer knows you are pregnant they are obliged to perform a risk assessment. You are entitled to stop on call duties (see below). If you wish to return to work on a Less Than Full Time (LTFT) basis apply early. The application may only take 3 months but funds are not so readily available.

**17 weeks:** Stop payments for childcare tax vouchers. Your maternity pay will be significantly reduced if you do not temporarily stop these payments from 17-25 weeks.

employer is entitled to retrieve the maternity pay awarded. This is at the discretion of the employer. To avoid this you must return to work for at least 3 months within 15 months of the commencement of your maternity leave.

### Employer's Responsibilities

- The laws that protect you at work only apply once your employer knows you are pregnant.
- Once your employer knows you are pregnant a risk assessment must be conducted. If any risks are identified they must be removed or alternative working arrangements agreed to protect the safety of you and your baby at work.
- If you are unable to undertake on-call duties, it is the trust's responsibility to arrange locum cover.
- Once you have informed your employer in writing of your intention to take maternity leave they are obliged to confirm in writing within 28 days your paid and unpaid leave entitlements, annual leave owed and expected date of return to work.

### Occupational Hazards

Anaesthetists work in many different areas of hospitals and thus face a variety of potential hazards:

#### *Shift working/On-call commitment:*

On-call commitments can be very demanding to a pregnant trainee anaesthetist. You are entitled to stop your on call commitment as soon as you discover you are pregnant. In some cases

this will not be a choice but an essential move to ensure a healthy pregnancy. If you do give up your on call commitment early in your pregnancy, the following months may not count towards your CCT.

Some studies have shown that long working hours can reduce foetal growth and increase the risk of preterm delivery while other studies have shown no effect.

#### *Anaesthetic gases:*

These agents have previously been shown to increase the risk of spontaneous abortion and congenital abnormalities. This risk has now reduced considerably with the advent of scavenging systems and the introduction of newer, safer volatile anaesthetics. However, particularly in the first trimester, it may be prudent to avoid lists with high exposure to anaesthetic vapours such as paediatric lists involving inhalational inductions.

#### *Radiation:*

Ionising radiation is toxic and teratogenic to the foetus. The most dangerous period is the first 8 weeks of gestation. At diagnostic dose levels the only adverse effect of radiation on the conceptus which is likely to pose a significant risk is cancer induction. The National Council on Radiation Protection limits X-ray exposure during a pregnancy to a total dose of 0.5 rad (A Chest X-Ray gives a radiation dose of 0.008 Rad). It is important to take precautions when exposure to radiation during the workday happens. If in doubt you should always consult your local Occupational Health Department. Specifically a 5mm lead apron which wraps around should be

worn if within 6 feet of X-ray exposure. Limiting exposure by avoidance of certain theatre lists is not always possible, practical, or strictly necessary.

#### *MRI:*

No evidence of any harmful effects of magnetic resonance upon the foetus has been demonstrated.

#### *Methylmethacrylate (bone cement):*

There have been concerns regarding the possible teratogenic effect of occupational exposure to this substance although there is little evidence to support this.

#### *Manual Handling:*

The hormonal changes of pregnancy make the pregnant body more susceptible to injury. It is advised that manual handling should be avoided and prolonged standing limited after the 24th week of pregnancy.

### Certificate of Completion of Training (CCT)

The Royal College of Anaesthetists (RCoA) will need to be informed of your intention to take maternity leave, so remember to notify them. Your CCT date will be suspended until your actual return to work, which allows for unplanned extended maternity leave to be factored in. Upon returning to work you must notify the training department of the RCoA of your return date and if you are returning on a LTFT basis. Once these details are known, a new CCT date will be issued.

If your maternity leave is post-fellowship, you may be able to claim up to 3 months of your maternity leave as training. This

**25 weeks:** You must inform your employer in writing with the MAT1B form when you wish your maternity leave to start.

**29 weeks:** Earliest time you can start maternity leave. Most trainees have stopped night work at this point

**36 weeks:** If you are off work with a pregnancy related illness, compulsory maternity leave starts now. Have you informed the Royal College of Anaesthetists (RCoA)?

is only applicable once, and cannot be claimed again in subsequent pregnancies. You will require a letter of support from your Regional Advisor stating that during your maternity leave you continued to undertake non-clinical commitments e.g. attended courses, wrote up research, completed audits etc. The RCoA may then allow up to 3 months to count towards your CCT. You must apply for this time to count more than 6 months before your completion of CCT.

### Medical Defence/GMC/Pensions

You must continue to pay your General Medical Council membership fee during maternity leave in order to remain on the list of registered medical practitioners. The medical defence organisations (Medical Defence Union, Medical Protection Society) regard maternity leave as a 'career break' and thus you are not required to pay your subscription fee as you are not undertaking any medical practice. (This may be claimed retrospectively if you were unaware of this.) You and your employer continue to contribute to the NHS pension scheme. This is automatic for your period of paid maternity leave, but if you are planning to take some unpaid maternity leave, you may need to take specific action to ensure this period counts towards your pension. Consult your Human Resources department or the BMA in advance to check the pension arrangements for unpaid maternity leave.

### Returning to Work

Recently 'Keeping in Touch days' have been introduced to allow a smooth return to work. These can be arranged

by mutual agreement between employer and employee; neither party can insist on them. They will be paid at basic daily rate for hours worked and you are allowed a maximum of 10 days. SMP continues as long as 10 days are not exceeded. You have the right to the same job on the same terms and conditions as prior to your leave. You are also entitled to time off such as unpaid parental leave and family emergency leave.

### Paternity leave

Finally let's not forget the fathers-to-be. Paternity leave entitles fathers or the mother's husband/ partner who will be responsible for the baby to 10 days leave (not to be taken as odd days) after the arrival of the baby. Same sex partners will be included, and the same rules apply if the child is being adopted.

To be eligible for paid leave you must have been continuously employed by the NHS for at least 26 continuous weeks. Your intention to take paternity leave must be given to your employer by the 15th week before the Expected Due Date.

You also have the right to a reasonable amount of paid time off to attend antenatal appointments. What is considered reasonable is not defined in law and once again, sense and consideration to the working of your department should be applied.

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**40 weeks:** Birth of baby!

**1st 2 weeks:** Compulsory maternity leave

**1st 8 weeks:** Full pay (less Statutory Maternity Pay (SMP) or Maternity Allowance (MA))

**8-26 weeks:** Half pay plus SMP or MA

**26-39 weeks:** SMP or MA only

**39-52 weeks:** Unpaid maternity leave