

The Pregnant Anaesthetist

Pregnancy is an exciting time. Adjusting to your changing body and planning your future at the same time as working in a demanding job can be challenging. Negotiating your way through the maze of paperwork surrounding rights and benefits on maternity leave and pay can be difficult to fit in between antenatal appointments, work 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 and Pay

- You must notify your employer in writing before the end of your 25th week of pregnancy of your intention to take maternity leave and the date when you wish this to commence (this can be any date after the beginning of week 29 of your pregnancy). You can change this start date provided you give your employer 28 days notice.
- If you are not intending taking 52 weeks of maternity leave then you must also inform your employer of when you plan to return to work. You can change your mind about this date later as long as you give eight weeks notice.
- You should also include the original copy of your MAT1B certificate. This states your expected date of delivery. Your midwife or GP can issue it from the 21st week of your pregnancy.
- You are entitled to a reasonable amount of paid time off to attend antenatal appointments. What is considered reasonable is not defined in law and so common sense and consideration to the working of your department should be applied.
- You are entitled to 52 weeks of maternity leave. You may be entitled to both statutory maternity pay (SMP) and NHS occupational maternity pay. The former is a statutory right and the latter a contractual right.
- SMP is claimed by your employer on your behalf. They can only do this if you have 26 weeks continuous service within your current employing trust by the end of your 25th week of pregnancy. This entitles you to 39 weeks SMP paid regardless of whether you intend to return to work or not.
- If you have rotated trusts and do not qualify for SMP then you are entitled to claim maternity allowance (MA) via your local Job Centre Plus as long as you have been employed for 26 of the 66 weeks up to the week before your due date. MA is the lesser of 90% of average weekly earnings or SMP.
- To be eligible for NHS occupational maternity pay you must have one year's continuous service (can include a break of up to three months) by week 29 of your pregnancy. This entitles you to eight weeks full pay followed by 18 weeks half pay then 26 weeks unpaid leave.
- During maternity leave you retain all your contractual rights and benefits except pay.

- Annual leave continues to accrue during maternity leave but you may not be able to carry leave over into the next leave year. It is common for people to add annual leave to the start or end of maternity leave but you need to discuss this in advance with your employer.
- If after maternity leave you do not wish to return to work your NHS employer is entitled to retrieve the occupational maternity pay awarded. To avoid this you must return to work for at least three months within 15 months of the start 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 should 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.
- 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.

For more information on maternity rights the following documents are useful:
[Pregnancy and work](#)¹: What you need to know as an employee. Department for Business, Innovation and Skills, 2010.
[Maternity Issues for Doctors in Training](#)². NHS Employers, December 2010.
[Maternity Leave Guidance](#)³. British Medical Association, 2011.
[A Guide for New and Expectant Mothers Who Work](#)⁴. Health and Safety Executive, 2009.

Occupational Hazards

Anaesthetists work in many different areas of the hospital and thus face a variety of potential hazards.

- Shift working/on-call commitments: On-call commitments can be very demanding for the pregnant anaesthetist. There is little information guiding expectant anaesthetists when it is reasonable to cease out of hours work. Although there is no evidence to suggest that long days and night shifts are detrimental to mother or baby they may become exhausting in later pregnancy. A [survey](#) conducted by anaesthetic trainees found that in one region the median for trainees stopping day time on-call was 32.5 weeks gestation and night shifts was 30 weeks gestation⁵. In some case it may be necessary to give up on-call commitments at an earlier gestation to ensure a healthy pregnancy. A letter from your midwife or GP will support your case for a change to your working pattern. For trainees this may mean however that those months without an on-call commitment do not count towards your CCT and this should be discussed with your Training Programme Director. The documents "[Physical and shift work in pregnancy](#)"⁶ and

“Pregnancy: Occupational aspects of management”⁷ provide some more information.

- Anaesthetic gases: With the advent of scavenging the risks associated with anaesthetic gases during pregnancy have reduced significantly^{8, 9}. 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 both toxic and teratogenic. The most dangerous period is the first eight weeks of gestation. The Ionising Radiations Regulations act state that once your employer knows you are pregnant your occupational exposure should be controlled so that the dose to your baby is less than 1 mSv for the remainder of your pregnancy (one CXR is approximately 0.1 mSv). In practice if normal safety precautions are followed the exposure at work is likely to be considerably less than this even for staff such as radiographers. A 5 mm lead apron should be worn if within six feet of an x-ray source. If in doubt consult your local Occupational Health department for advice but in general limiting exposure by avoiding certain theatre lists is not always possible, practical or necessary. The leaflet “[Working safely with ionising radiation: Guidelines for expectant or breastfeeding mothers](#)”¹⁰ has useful information.
- MRI: No evidence of any harmful effects of magnetic resonance imaging to the foetus has been demonstrated.
- Methylmethacrylate (bone cement): There have been concerns regarding the possible teratogenic effects of exposure to bone cement although there is little evidence in humans to support this¹¹.
- Manual Handling: the hormonal changes of pregnancy make the pregnant body more susceptible to injury. Manual handling should be avoided later in pregnancy and prolonged standing limited where possible.

Medical Defence/General Medical Council (GMC)/AAGBI/Pensions

- The medical defence organisations (Medical Defence Union, Medical Protection Society, Medical and Dental Defence Union of Scotland) regard maternity leave as career break and therefore you are not required to pay your subscription fee as you are not undertaking any medical practice. It may be possible to claim this retrospectively if you were unaware of this. You must remember to reinstate your cover on your return to work.
- The AAGBI offer a reduced subscription rate for members on maternity leave. Contact the membership department at members@aaqbi.org.
- It is worth also contacting the GMC and Royal College of Anaesthetists to find out if you are entitled to a reduced fee/subscription rate for the period of your maternity leave.
- You and your employer continue to contribute to the NHS pension scheme for the period of your maternity leave if you are a member.

Paternity leave

Paternity leave entitles fathers or the mother's husband/partner who will be responsible for the baby to ten days leave (not to be taken as odd days) after the arrival of the baby. Same sex partners will be included as will partners if a 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. This will entitle you to statutory paternity pay. If you have 12 months continuous NHS service by the beginning of the week the baby is due you will be entitled to two weeks full pay. 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.

The Additional Paternity Leave Regulations came into effect in April 2010 introducing a new statutory entitlement for employees. You may be entitled to up to 26 weeks additional paternity leave provided the mother has returned to work. To be eligible you must have been continuously employed with your employer for a period of 26 weeks by week 26 of the pregnancy and must remain continuously employed with the employer until the week before the first week of additional paternity leave. You may be entitled to statutory paternity pay during this leave.

Additional paternity leave can be taken between 20 weeks and one year after the birth or placement for adoption. It can only be taken as multiples of complete weeks and as one continuous period. You must give you employer at least eight weeks notice of your intention to take additional paternity leave^{1,3}.

Adoption Leave

If you are adopting a child or children you may be entitled to 26 weeks of ordinary adoption leave and 26 weeks of additional leave which can start no more than 14 days before the placement date. Where a couple are adopting jointly only one can claim ordinary adoption leave however the other may be entitled to paternity leave and pay. For hospital doctors employed under national terms and conditions adoption leave and pay will be in line with the maternity leave and pay provisions documented earlier³.

Returning to work

For information on returning to work following maternity leave refer to the section on "Returning to practice following a prolonged absence".

References

1. [Pregnancy and work](http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@employ/documents/digitalasset/dg_078787.pdf): What you need to know as an employee. Department for Business, Innovation and Skills, 2010.
(http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@employ/documents/digitalasset/dg_078787.pdf)
2. Maternity Issues for Doctors in Training. NHS Employers, December 2010
(<http://www.nhsemployers.org/Aboutus/Publications/Documents/Maternity%20issues%20for%20doctors%20in%20training.pdf>)

3. Maternity Leave Guidance. British Medical Association, 2011
(<https://bma.org.uk/maternity>)
4. A Guide for New and Expectant Mothers who Work. Health and Safety Executive, 2009
(<http://library.nhs.gov.uk/mediaAssets/H1N1/Guide%20for%20new%20and%20expectant%20mothers%20who%20work.pdf>)
5. Fulton L, Savine R. The pregnant anaesthetist on-call – A survey of trainee experience. Presented at AAGBI GAT Annual Scientific Meeting, Glasgow 2012.
(<http://www.aagbi.org/sites/default/files/The%20pregnant%20anaesthetist%20on-call%20%20GAT%20ASM.pdf>)
6. Physical and shift work in pregnancy. Royal College of Physicians/NHS Plus 2009.
(<http://www.nhshealthatwork.co.uk/images/library/files/Clinical%20excellence/Pregnancy-HCProfessionalLeaflet.pdf>)
7. Pregnancy: Occupational aspects of management. Royal College of Physicians/Faculty of Occupational Medicine, 2013.
(http://www.rcplondon.ac.uk/sites/default/files/pregnancy_guideline.pdf)
8. Symington IS. Controlling occupational exposure to anaesthetic gases. Editorial. *BMJ* 1994; **309**: 968-969
(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2541262/pdf/bmj00461-0006.pdf>)
9. Lawson CC, Rocheleau CM, Whelan EA *et al*. Occupational exposures among nurses and risk of spontaneous abortion. *Am J Obstet Gynaecol* 2012; **206 (4)**: 327
10. Working safely with ionising radiation: Guidelines for expectant or breastfeeding mothers. Health and Safety Executive, 2001.
(<http://www.hse.gov.uk/pubns/indg334.pdf>)
11. Keene RR, Hillard-Sembell DC, Robinson BS *et al*. Occupational hazards to the pregnant orthopaedic surgeon. *J Bone Joint Surg Am* 2011; **93**: e141 (1-5)