

# Pregnancy in Early Childhood Policy

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## National Quality Standards (NQS)

Quality Area 2: Children’s Health and Safety	
2.1	Each child’s health is promoted
2.1.3	Effective hygiene practices are promoted and implemented
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines

## Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
168	Education and care service must have policies and procedures

### PURPOSE

Our service is committed to providing a safe and healthy workplace for all employees including pregnant workers. We understand that pregnancy can bring many changes to women’s ability to manage certain types of work, particularly on the later stages of pregnancy. We aim to work with all employees to negotiate a supportive working environment that will assist them to be healthy and productive members of the workforce.

### SCOPE

This policy applies to Staff and Management

### IMPLEMENTATION

The process and steps required to ensure a female employee’s health and wellbeing during pregnancy will vary. For many female employees, variations to duties, equipment and the work environment will not be necessary and usual duties may be performed for the duration of the employee’s pregnancy.

It is the responsibility of the female employee to raise and discuss any workplace concerns and/or issues with their Principal or manager. However, there may be instances where the manager or Principal is required to exercise their duty of care to ensure the safety, protection and wellbeing of their staff

### HEALTH & SAFETY

To reduce risk of injury or ill health with staff members who are pregnant risk of injury or ill health will be discussed with all employees in accordance with the services Health and Safety Policy and procedures.

Where there is an identifiable risk associated with a pregnant employee’s work, the Director will consult with the employee to examine how the work can be modified to eliminate or minimise the risk.

- The employer will maintain current information about their occupational safety and health responsibilities to their employees and where practicable, maintain a safe workplace for all employees.
- In regard to infectious diseases, the employer will alert all employees to the potential risks to health that may arise through their employment at the Service. Female carers will be advised they should have their immunity to Rubella, Measles, Chicken Pox and Cytomegalovirus (CMV) infections tested well before planning pregnancy. A person can be immunised against Rubella before pregnancy however care should be taken not to fall pregnant within 3 months of immunisation.
- As there is no immunisation against CMV, should an educator who is planning a pregnancy be found to be seronegative (non-immune), they should discuss this with management to identify measures that will minimise the risk potential during pregnancy.
- Ensure pregnant child care staff are aware of health risks including:

- Exposure to specific infectious diseases that can have an adverse impact on pregnancy, which are: Cytomegalovirus (CMV), Hand, foot & mouth disease, Human parvovirus B19 (erythema infectiosum, fifth disease), Listeriosis, Rubella (German measles), Toxoplasmosis and Varicella (chickenpox).
- Stress and burnout,
- Swollen feet and varicose veins,
- Heat stress,
- Cigarette smoke, (Outside smoke free zones. Car park etc.)
- Chemicals and chemical fumes,
- Implementing strategies which help reduce physical stress for pregnant child care staff, such as: - do less physical tasks
- Pregnant women should avoid contact with cat faeces, to minimise the risk of toxoplasmosis

### Employee Responsibilities

- It is necessary that employees inform the Director of their pregnancy as early as possible so that any potentially adverse risks can be averted, and alternative arrangements made if necessary.
- Pregnant employees have an obligation to inform the employer in writing of the expected date of birth (10 weeks' notice required), and the intention to take maternity leave (4 weeks' notice required), including the dates on which the employee wishes to start and finish the leave.
- A doctor's certificate confirming the pregnancy and expected date of birth is required to prove entitlement to take maternity leave.
- If the employee wishes to continue working past 6 weeks prior to the expected date of birth, they are required to provide a doctor's certificate confirming they are fit, and able to continue to work.
- Our service requires pregnant employees to raise any difficulties that they are experiencing in regard to performing their duties at the service with the Director, so that potential risks to health can be avoided and quality child care maintained.
- Employees have a responsibility under Occupational Safety & Health legislation to take reasonable care to protect themselves (and others) in the workplace. This includes cooperating with the employer on health and safety matters, such as taking appropriate precautions to avoid health risks during pregnancy.

### Industrial Issues:

The Director will maintain current information about their industrial responsibilities to their employees including The Fair Work Act and Children's Service Award 2010.

- Our service is registered with Centrelink for the Paid Parental Leave Scheme.
- The Director will ensure that all employees are made aware of their legal right to maternity leave at the time the employee advises of their pregnancy.

### Approved Provider and Nominated Supervisor will:

Be as flexible as possible, within the constraints of the child care workplace, to ensure the special needs of pregnant employees are considered and options to address their needs implemented wherever possible.

- Will provide medical practitioners with requested information detailing the employee's duties, to assist the medical practitioner to assess the pregnant employee's fitness for work and consideration of alternative duties where applicable.

**Educators will:**

- Ensure the treating medical practitioner is aware of the specific work environment and activities that are undertaken on a day-to day basis.
- Seek advice on infectious diseases relevant to pregnancy, personal immunity status for these diseases, as well as standard precautions for infection control.
- Access information relevant to infection control required throughout pregnancy through the Infection Control Guideline.
- Immediately notify management of their pregnancy when medical and/or occupational health and safety issues are being experienced or where they may be reasonably foreseen.
- Discuss occupational health and safety and/or medical concerns with a treating medical specialist followed by the management.
- Seek written advice and approval (including signature) from the treating medical specialist regarding alternative duties and/or modifications to the work environment and/or environmental conditions documented within the **Alternative Duties and/or Modifications to Work Environment for Pregnant Employees Form**.
- Obtain current medical documentation to support medical and/or occupational health and safety issues being experienced throughout the pregnancy.
- Participate in the **risk assessment** process with management
- Raise any issues or concerns with management in accordance with relevant policies and procedures with regard to grievances.

**Returning to work after Maternity Leave**

- The employee is required to take a minimum period of 6 weeks compulsory leave after giving birth, before returning to work.
- The employee is required to confirm her intention of returning to work in writing to the employer not less than 4 weeks prior to the expiration of her period of maternity leave. She shall be entitled to the position she held immediately prior to taking leave, or in the case of an employee who was transferred to alternative duties, to the position she held immediately prior to this transfer. Where such a position no longer exists, but other positions are available for which the employee is qualified and capable of performing, she will be entitled to a position as nearly comparable in status and salary to her former position.
- The employer must inform replacement employees engaged as a result of an employee taking maternity leave of the temporary nature of the employment and the rights of the employee being replaced to return to work.
- Employees returning to work after the birth of their child will not be discriminated against in regard to accessing child care within the service or breast feeding/expressing.
- Should issues arise in relation to caring for a staff member's child at the service, the options for a change in care arrangements will be discussed with the employee, with the aim of reaching an agreed resolution to the difficulties.
- The Director will support the returning employee to settle back into the work environment and have concern for their physical and emotional wellbeing.
- In the interests of maintaining a supportive and healthy workplace, and to encourage employees to return to work after maternity leave, thus maintaining continuity of care for children, the employer will, where practicable, offer flexible work hours to the employee on their return to work.

### Manual Handling

To minimise the risk of back injury in pregnant child care staff and to comply with Health and Safety and other relevant legislation, we will:

- Ensure pregnant child care staff are aware they are at more risk of back pain and injury from working while pregnant because of anatomical and physiological changes such as softening of ligaments and tendons, extra weight load, muscle fatigue and tiredness.
- Ensure pregnant child care staff are aware that the risk of back pain and injury increases with the progression of pregnancy and their ability to do physical work decreases, and should see their doctor if they have any back pain or other health problem during pregnancy.
- Restrict lifting
- Diverge tasks to avoid prolonged standing,
- Limit standing time
- Use foot rests for raising feet when sitting,
- Use lower height workbenches, desks and chairs.

### Stress Management

To minimise the risk of stress and ensure pregnant child care staff have adequate opportunities for leave and holidays, we will:

- Ensure pregnant child care staff are aware they are at more risk of stress at work because of changing abilities to meet usual work commitments.
- Ensure pregnant child care staff are aware that the risk of stress at work might increase with the progression of the pregnancy.
- Ensure pregnant child care staff are aware they will have a need to take leave from work for a period before and after the pregnancy, during the initial period of caring for a new child, and should seek support from the Service Manager in arranging leave.
- Assist pregnant childcare staff with leave planning and provide information for them about their conditions of employment and leave entitlements.
- Advise pregnant child care staff to see their doctor if they have any stress or other psychological or physiological health problems during pregnancy

### Immunisation & Infectious Diseases

To minimise the risk of exposure to infectious diseases transmitted from children in their care and prevent illness and other risks from vaccine preventable diseases by appropriate immunisation, we will:

- Provide information to all staff in the Service on current recommended immunisations for child care staff in accordance with current Australian Standard Vaccination Schedule and the current edition of the Australian Immunisation Handbook
- Recommend to female Service staff that they seek advice from their local doctor about immunisation needs before planning pregnancy.
- Advise all staff before commencing work that the above recommendations for immunisation will minimise transmission and risks of those infectious diseases in children and staff and if a staff member has concerns about these diseases or immunisations they should seek advice from their doctor before commencing work.
- Advise all staff that if an outbreak of a vaccine preventable disease occurs in the Service, staff should inform the Director if they are not immunised against that disease.
- Unimmunised staff should consult their doctor to determine if it is appropriate for them not to attend work during the outbreak and discuss any issues relating to their immunisation or other medical management.

- If a pregnant staff member is unsure whether they have had any of the recommended immunisations, advise them to discuss their immunisation needs with their doctor.
- If any immunisation is contraindicated because of the stage of their pregnancy, advise them to discuss with their doctor the precautions to take, both in relation to work, and in general.
- If female Service staff are unsure of their rubella immune status and are of childbearing age, recommend the Measles-Mumps-Rubella (MMR) vaccination to prevent risks in pregnancy from rubella infection. MMR vaccination needs to be given at least one month prior to pregnancy and should not be given during pregnancy.
- Ensure all child care staff are aware that specific diseases for which there is evidence for increased risk of exposure in child care and can have an adverse effect on pregnancy are: rubella (German measles), cytomegalovirus (CMV), fifth disease (erythema infectiosum or parvovirus), chicken pox (varicella).
- Ensure all child care staff are aware that cytomegalovirus (CMV) can be transmitted in saliva, droplets from sneezing and coughing, and urine, and all child care staff should:
  - Wear gloves when changing nappies when soiled by faeces or urine, with any contact with faeces, urine, blood, vomit or any other body fluid and when wiping noses.
  - Wash hands after changing nappies or any contact with faeces, urine, blood or other body fluids, after wiping noses and after handling or patting animals and pets.
  - If pregnant, take particular precaution not to have contact with urine and not to kiss infants or children on the mouth, because of the risk of exposure to CMV.
  - If pregnant and preferably before becoming pregnant, have a blood test for CMV indicators and discuss this further with doctor.
  - Cover open skin, cuts, abrasions, wounds, or dermatitis on their hands with a water resistant occlusive dressing, which should be changed each time it is soiled or wet.

**Source**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Fairwork website

**Review**

Policy Review Date
June 2016