PREGNANCY IN EARLY CHILDHOOD POLICY

Pregnancy is a time of great physical and emotional change that can lead to changes in the woman's ability to perform and manage certain types of work. Our Service is committed to ensuring the health, safety, and wellbeing of pregnant staff members by providing information, strategies, and ongoing support, as well as information about leave entitlements available to them.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management System	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
88	Infectious Disease Policy
168	Education and care service must have policies and procedures

RELATED POLICIES

Administration of Medication Policy	Immunisation Policy
Control of Infectious Diseases Policy	Nappy Change and Toileting Policy
Hand Washing Policy	Staff Leave Entitlement Policy
Health and Safety Policy	Work, Health and Safety Policy

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 at 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, educators, management, the approved provider and nominated supervisor of the Service.

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 Manager/Nominated Supervisor. However, as appropriate, variations to duties will be negotiated, and equipment that supports the health, safety, and wellbeing of pregnant employees will be provided.

HEALTH AND SAFETY

The potential risk of injury or ill health will be discussed with staff members who are pregnant in accordance with the Service's *Health and Safety Policy* and procedures. Where there is an identifiable risk associated with a pregnant employee's work, the Nominated Supervisor will consult with the employee to examine how the work can be modified to eliminate or minimise the risk.

- The Approved Provider/ Nominated Supervisor will maintain current information about their Workplace Health and Safety responsibilities to their employees and maintain a safe workplace for all employees.
- In regard to infectious diseases, the Approved Provider/ Nominated Supervisor will alert all staff to the potential risks to health that may arise through their employment at the Service.
- Female educators will be advised that they should have their immunity to Rubella, Measles, Chicken Pox tested through their GP, well before planning pregnancy.
- The approved provider/nominated supervisor will ensure all employees are aware of the risks of Cytomegalovirus (CMV) exposure during pregnancy and encourage female employees of childbearing age to discuss CMV testing with their doctor (cmv.org.au)
- The approved provider/nominated supervisor will ensure all female employees of childbearing age are aware of health risks including:
    - exposure to specific infectious viruses/diseases or conditions that can have an adverse impact on pregnancy and the unborn child including Cytomegalovirus (CMV), Hand, foot & mouth disease, Human parvovirus B19 (erythema infectiosum, fifth disease), Listeriosis, Rubella (German measles), Measles, Hepatitis B, HIV (Human Immunodeficiency Virus), AIDS

(Acquired Immunodeficiency Syndrome, Pertussis (Whooping cough), Toxoplasmosis and Varicella (chickenpox)
    - stress and burnout
    - swollen feet and varicose veins
    - heat stress
    - cigarette smoke (outside smoke free zones)
    - chemicals and chemical fumes
- The Approved Provider/Nominated Supervisor will implement strategies which help reduce physical stress for pregnant employees such as: - do fewer physical tasks such as sweeping, raking
- Pregnant women should avoid contact with cat faeces, to minimise the risk of toxoplasmosis.

MANUAL HANDLING

To minimise the risk of back pain and back injury to pregnant employees and to comply with Health and Safety and other relevant legislation, we will:

- ensure pregnant employees 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
- advise pregnant staff to consult their doctor if they have any back pain or other health concerns during the pregnancy
- ensure that pregnant staff are aware of the following strategies to reduce the risk of back pain and/or injury
    - avoid bending over: use your knees and hips to lower yourself to the children's level or when picking something up from a low level
    - try to maintain a correct posture as the growing uterus can frequently cause postural problems
    - try not to stand in any one position for too long
    - use footrests for raising feet when sitting
    - ensure you use correct lifting and carrying techniques
    - ensure that furniture such as nappy change tables are at the correct height to avoid unnecessary bending
    - use stepladders and trolleys if required
    - use adult-sized furniture, for example, adult-sized chairs rather than children's chairs
    - ensure that heavy or awkward items are stored at an appropriate height and close to where they are needed

- restrict lifting children or heavy equipment.

Source: *The Pregnancy Centre* and *Child Australia.*

STRESS MANAGEMENT

To minimise the risk of stress and ensure pregnant employees have adequate opportunities for leave and holidays, we will ensure employees are:

- aware they are at more risk of stress at work because of changing abilities to meet usual work commitments
- aware that the risk of stress at work might increase with the progression of the pregnancy
- aware that they are legally allowed to take leave from work for a period before and after the pregnancy and should seek support from the Approved Provider/ Nominated Supervisor to arrange leave
- provided with assistance for leave planning and provide current information to them about their conditions of employment and leave entitlements
- encouraged to see their general practitioner/ obstetrician if they have any stress or other psychological or physiological health problems during pregnancy.

INFECTIOUS DISEASES AND IMMUNISATION

Due to constant close contact with children, staff at early childhood education and care services may be at an increased risk of contracting viruses and some vaccine-preventable diseases. Authorities advise against pregnant women receiving live viral vaccines during pregnancy, or within 28 days prior to falling pregnant. Therefore, women of childbearing age should ensure that vaccinations are up to date. Common vaccine-preventable infections that may have an adverse effect on pregnancy include:

Rubella (German measles)

The greatest risk to the unborn baby occurs in the first twenty weeks of pregnancy, with a higher risk if the mother contracts Rubella in the first ten weeks. Employees planning pregnancy should have a blood test to ascertain immunity, as the vaccination must be given one month before becoming pregnant.

Measles

This is a highly infectious viral disease that can cause serious complications to the unborn child. It spreads through direct and indirect contact from contaminated people or surfaces. It can also remain in the air for up to two hours after the infected person has left. Employees can minimise the risk of infection by paying particular attention to hand hygiene and ensuring that all staff and children use correct cough and

sneeze hygiene practices. Employees must also ensure that cleaning practices are being conscientiously followed throughout the centre. This vaccination is not recommended during pregnancy: the non-immune employee should ensure that the vaccination has been received one month before falling pregnant.

NOTE: The vaccination for Rubella and Measles is given together in the MMR vaccination (Measles, mumps, and rubella).

Varicella (Chickenpox)

If exposed to varicella during the first three months of pregnancy the employee must seek medical advice. A blood test will reveal the mother's immune status. This vaccination is not recommended during pregnancy: the non-immune employee should ensure that the vaccination has been received one month before falling pregnant.

Hepatitis B

Hepatitis B is transmitted through blood and other bodily secretions. Adult vaccinations are available but should not be received during pregnancy. However, all babies born in Australia receive the Hepatitis B vaccination at birth as part of the National Immunisation Program Schedule. Employees must ensure that policies and National Health Medical Research Council (NHMRC) guidelines are followed for managing exposure to blood and bodily fluids, including ensuring that children's wounds are covered appropriately.

Influenza

Influenza vaccinations are strongly recommended for pregnant women and can be safely given at any stage of the pregnancy. Vaccinating pregnant women also protects their infants from influenza in the first 6 months of life. (Australian Government Department of Health)

Pertussis (Whooping Cough)

Pertussis can be a life-threatening disease for the newborn. It is recommended that the pregnant employee receive a pertussis vaccination in the third trimester of pregnancy as evidence indicates this is more beneficial to the newborn than receiving the vaccination prior to pregnancy.

Pregnant employees must also be aware of infections for which there are no vaccinations and take the necessary precautions. These infections include:

CYTOMEGALOVIRUS (CMV)

CMV is a common virus that often does not cause any symptoms however, pregnant women are most at risk of serious implications as the CMV virus can travel across the placenta and infect the baby. CMV can spread at any stage of pregnancy, but risks are higher in the first half of pregnancy. CMV is spread through bodily fluids such as infected saliva and urine. CMV cannot be prevented. The best protection from CMV is avoiding contact with a child's saliva or urine and hand washing after such exposure. (Australian Pregnancy Care Guidelines. 2023).

Pregnant employees should therefore pay particular attention to hand hygiene and best practice would suggest, they not change nappies, assist in toileting, cleaning up toileting accidents or feeding infants as there is a high risk of coming into contact with body secretions. The pregnant staff member may be temporarily placed in a room with older children to minimise the requirement of nappy changing and assisting with nose wiping. Pregnant staff members will be reminded to wash and dry hands after touching young children, be vigilant cleaning toys and surfaces that young children may have contacted with saliva, urine or fluid.

Hand, foot and Mouth Disease

Although the risk is minimal, employees who acquire this disease in late pregnancy can pass it to the unborn child. The employee should therefore pay particular attention to hand hygiene at all times.

Human parvovirus B19 (erythema infectiosum, fifth disease)

This virus can be transmitted to the unborn baby. The employee should therefore pay particular attention to hand hygiene at all times.

Listeriosis

Listeriosis is a bacterial infection that can be avoided by ensuring that raw or partially cooked foods are avoided during pregnancy, and thoroughly washing all fruit and vegetables in clean running water.

Toxoplasmosis

This disease is caused by a parasite that can be found in raw fruit and vegetables, and spread by animals such as cats and birds. During pregnancy the parasite can pass through the placenta to the developing baby. A blood test can reveal if the mother is immune. The employee should pay attention to hand hygiene, avoid cleaning the sand pit (where there may be cat faeces) or bird cages, and should wash and peel fruit and vegetables.

HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome)

HIV is a virus that can lead to AIDS. Like Hepatitis B, these viruses are transmitted through blood and other bodily secretions. Employees must ensure that policies and NHMRC guidelines are followed for managing exposure to blood and bodily fluids, including ensuring that children's wounds are covered appropriately.

Source: *Staying healthy: Preventing infectious diseases in early childhood education and care services, The Australian immunisation handbook*, and NSW Health *Having a baby*

The Approved Provider and Nominated Supervisor will:

- ensure that the health and safety needs of pregnant employees are considered and act in a flexible manner as far as is reasonably practicable
- ensure that all employees are familiar with recommended vaccinations for early childhood employees in accordance with The Australian immunisation handbook.
- alert all staff and families if a child or staff member contracts an infectious disease
- ensure that all staff members are practising effective hand hygiene at all times
- ensure that all staff members are familiar with infection control policies and procedures and actively adhere to these at all times
- complete a risk assessment to identify any hazards or potential risks to pregnant staff members in the Service
- put systems and strategies into place to address increased risk due to having a pregnant staff member in the workplace
- consult with the pregnant employee to examine how their work tasks can be modified to eliminate or minimise risks
- negotiate with the pregnant employee to ensure a safe environment
- meet anti-discrimination law obligations by ensuring pregnant employees are not subjected to negative comments or remarks about their pregnancy.

Employees who are pregnant will:

- disclose their pregnancy in a timely manner to ensure that the employer can support her health, safety and well-being in the workplace
- maintain immunisation records
- ensure the treating medical practitioner is aware of the specific work environment and activities that are undertaken on a day-to day basis

- adhere to Workplace Health and Safety legislation and take reasonable care to protect themselves (and others) in the workplace. This includes cooperating with the Approved Provider/ Nominated Supervisor on health and safety matters, such as taking appropriate precautions to avoid health risks during pregnancy
- be familiar with and adhere to policies and procedures pertaining to infection control and effective hand hygiene
- consult with their obstetrician and/or medical practitioner should there be an outbreak of an infectious disease or virus in the service that they are not immune to, in regard to whether they should continue to attend work
- immediately advise the Approved Provider and/or Nominated Supervisor if they believe there is a hazard or potential risk to the pregnancy in the workplace
- notify the Approved Provider and/or Nominated Supervisor of the pregnancy if health and safety issues that may affect the pregnancy are experienced or may be foreseen
- provide the required notice of intended leave in writing to the Approved Provider and/or Nominated Supervisor
- provide medical evidence from general practitioner and/or specialists as required to the Approved Provider and/or Nominated Supervisor in a timely manner
- provide a doctor's certificate confirming they are fit and able to continue work if the employee wishes to continue working past 6 weeks prior to the expected date of birth
- discuss paid or unpaid parental leave entitlements and options with management/approved provider
- inform their employer if they intend to take up to 30 days of flexible unpaid parental leave within 24 months of a child's birth or adoption.

EMPLOYEE ENTITLEMENTS

Under the *Fair Work Act 2009* (Cth) and Anti-discrimination laws, pregnant employees, and their partner, are entitled to certain leave entitlements. The Service will at all times act to ensure that entitlements are made available to pregnant employees in accordance with these laws.

While employees are not required to notify their employer that they are pregnant, in some high-risk occupations such as early childhood education and care, it may be advisable to notify the employer as soon as possible. Employees will also need to notify their employer in order to access certain entitlements (Source: Australian Human Rights Commission, 2015).

PAID PARENTAL LEAVE SCHEME

For children born or adopted **after** July 1, 2023, a payment for up to 100 days, or 20 weeks is available to assist parents care for a child. Parental Leave Pay and Dad and Partner Pay combined into one payment. For children born or adopted **after** July 1, 2024, Parental Leave Pay will increase, up to 26 weeks by 2026. See: Paid Parental Leave scheme changes

UNPAID PARENTAL LEAVE AND RELATED ENTITLEMENTS

Under the National Employment Standards in the Fair Work Act 2009, an employee employed with the same employer for 12 months or more before they or their partner gives birth or adopts a child, may be entitled to up to 12 months of unpaid parental leave. An employee can also request an additional 12 months' unpaid leave. (Including long-term casuals) Parents who experience a stillbirth or the death of an infant during the first 24 months of life, can also take unpaid parental leave.

The below table sets out when employers must be notified of a pregnant employee's intention to take, shorten, and/or extend unpaid parental leave under the Fair Work Act. [Fair Work Infoline: 13 13 94]

ACTION	NOTICE PERIOD
Telling your employer of your intention to take unpaid parental leave under the Fair Work Act	**At least 10 weeks before** you wish to commence unpaid parental leave (unless it is not possible to do so). This must be in writing, and you must specify the intended start and end dates.
Confirming the start and end dates of your unpaid parental leave or advising your employer of any changes	**At least 4 weeks before** you start unpaid parental leave unless this is not practicable (e.g. the child is born prematurely). This must be in writing.
When can you stop working and start your unpaid parental leave?	The leave may start up to **6 weeks before** the expected birth of the child but can start earlier if you and your employer agree. If you continue working during the 6-week period before the birth of the child your employer may request that you provide certain medical evidence that states you are fit to work and may require you to take unpaid parental leave if you cannot provide that evidence within 7 days of the request or a medical certificate states you are not fit for work.
Shortening your original period of unpaid leave (e.g. from 12 months to 9 months)	The original leave period can generally only be shortened by agreement with your employer.
Telling your employer that you are extending your initial period of unpaid parental leave (e.g. from 9 months to 12 months)	**At least 4 weeks** before your expected date of return. This must be in writing. This is a right under the Fair Work Act and cannot be refused by your employer.

ACTION	NOTICE PERIOD
Requesting an extension to unpaid parental leave beyond the initial 12 months- up to 24 months in total (e.g. 12 months to 18 months)	**At least 4 weeks** before the end of the initial 12 month unpaid parental leave period. This request must be in writing. Your employer must respond to this request **within 21 days** stating whether they grant or refuse the request. The employer must provide details in writing.
Notice requirements for flexible unpaid parental leave	The employee must tell the employer at the same time they give notice of their continuous parental leave, or at least 10 weeks before the start of their flexible parental leave. Notice can also be provided later if the employer agrees. The employee must state the total number of days of flexible parental leave they intend to take (cannot be more than 30 days)
Keeping in Touch Days	An employee on unpaid parental leave gets 10 keeping in touch days. If the employee extends their unpaid parental leave beyond 12 months, they can take an additional 10 days. Keeping in touch days are not compulsory. The employee gets their normal pay and accumulated leave entitlements for each keeping in touch day (or part day).
Parental leave for stillbirth, premature birth or infant death	An eligible employee is still entitled to take unpaid parental leave for up to 12 months.

Excerpt from Australian Human Rights Commission, 2015. *Supporting working parents: Employee guide and Fair Work Australia Maternity and parental leave*

Special Maternity Leave

A pregnant employee who is eligible for unpaid parental leave can take unpaid special maternity leave if:

- she has a pregnancy-related illness or
- her pregnancy ends after 12 weeks because of a miscarriage, termination or stillbirth.

If an employee takes special maternity leave because of a pregnancy-related illness, the leave will end when the pregnancy or illness ends, whichever is earlier. If she takes leave because of a miscarriage, termination or stillbirth, leave can continue until she is fit for work.

Special maternity leave does not reduce the amount of unpaid parental leave that an employee can take.

Safe Jobs

Pregnant employees, including casuals are entitled to move to a safe job if it isn't safe for them to do their normal job due to pregnancy. The employee must provide evidence that:

- she is able to work but cannot do her normal job (including why their normal job is not safe).
- how long she should not work in her normal job.

Evidence can be a medical certificate from a medical practitioner.

Excerpt from the Australian Government Fair Work Ombudsman (2017) *Pregnant employee entitlements*

The Approved Provider/Nominated Supervisor will:

- maintain current information regarding their legal responsibilities to pregnant employees
- not ask if an employee is pregnant unless there are genuine health and safety concerns
- respect a pregnant employee's right to confidentiality regarding their pregnancy and when this information should be disclosed to colleagues
- ensure that all pregnant employees are notified of their legal right to Parental Leave Pay and Parental leave and all entitlements when the pregnancy is disclosed
- discuss government funded *Parental Leave Pay* entitlements to eligible employees
- provide information and flexibility for Dad and Partner leave- (this 2-week government funded leave can be taken any time in the first year after the child's birth or adoption)
- discuss *Keeping in Touch days* whilst the employee is on Parental Leave Pay or unpaid parental leave to assist the employee stay connected with the Service [employees cannot be paid leave and paid work at the same time]
- arrange a meeting with the employee when they are nearing the end of their leave to discuss return-to-work expectations- hours of work, flexible working conditions or any other arrangements
- provide the employee with the same job they had prior to leave, or an available position for which she is qualified and suited, and that is closest in pay and status to the pre-parental leave position
- consider any requests from the employee for a variation and/or flexibility in hours on their return to work
- when recruiting employees to replace employees on parental leave, candidates must be notified by the employer that:
    - the role is temporary
    - the employee on leave has a right to their pre-parental leave position when they return to work and
    - the employee and the employer may have a right to cancel or end the leave early in certain circumstances (e.g. stillbirth or infant death).

Returning to work after Parental Leave

Employees who are entitled to paid or unpaid Parental leave under the Fair Work Act have the right to return to their pre-parental position at the end of the leave- '*Return to work guarantee'* 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.

- Employees may return to work before the end of their Paid Parental Leave period if the employer agrees [Paid Parental Leave payments will stop when they return. There are some exceptions to this.]
- Employees will maintain contact with the Approved Provider and/or Nominated Supervisor and negotiate a return date no less than 4 weeks prior to the expiration of her period of maternity leave.
- Employees returning to work after the birth of their child will not be discriminated against in regard to accessing childcare within the service or breast feeding/expressing milk.

The Approved Provider/ Nominated Supervisor will support the returning employee to settle back into the work environment with consideration for their physical and emotional wellbeing. Where practicable the Approved Provider/ Nominated Supervisor will support the employee's return to work and continuity of care for the children by offering flexible work hours.

Should issues arise in relation to caring for a staff member's child at the service, the options for modifying care arrangement will be discussed with the employee, with the aim of reaching a mutually agreeable resolution.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Pregnancy in Early Childhood Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*
Australian Government Department of Health *Australian Immunisation Handbook*
Australian Government. Pregnancy birth and baby. Cytomegalovirus (CMV) during pregnancy
Australian Government Services Australia *Paid Parental Leave Scheme Employer Toolkit* (updated 2023). https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/paid-parental-leave-scheme-employers/what-resources-are-available/paid-parental-leave-scheme-employer-toolkit
Australian Human Rights Commission: https://www.humanrights.gov.au
Australian Pregnancy Care Guidelines. V2.1 (2024).
CMV Australia. (2024). www.cmv.org.au
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
Fair Work Act 2009 (Cth).
Fair Work Commission: https://www.fwc.gov.au

Fair Work Ombudsman *Maternity Leave and Parental Leave* https://www.fairwork.gov.au/leave/maternity-and-parental-leave

Fair Work Ombudsman *Parental leave & related entitlements* (2022). https://www.fairwork.gov.au/tools-and-resources/fact-sheets/minimum-workplace-entitlements/parental-leave-and-related-entitlements

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

NSW Health. (2016). *Handle with care: Looking after yourself in pregnancy.*

Pregnancy Birth and Baby. *Cytomegalovirus (CMV) during pregnancy.*

Safe Work Australia

The Pregnancy Centre (2016). http://www.thepregnancycentre.com.au/pregnancy/well-being/taking-care-of-your-back

Work Safe Queensland. Cytomegalovirus (CMV) in early childhood education and care services.

REVIEW

POLICY REVIEWED BY:	Krystle Hills	Centre Manager	03/07/2024
POLICY REVIEWED	July 2024	NEXT REVIEW DATE	July 2025
MODIFICATIONS	• annual policy maintenance • paid parental leave information updated • additional information and sources added re: CMV • sources checked for currency		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
May 2023	Policy Created		June 2024