

# Pregnancy at work

## – for employees

# About us

Tommy's wants to give every baby the best chance of being born healthy. Right now, in the UK, one in four women loses a baby during pregnancy or birth.

We fund medical research into the causes of premature births, stillbirths and miscarriages. We have set up three research centres in the UK, in St Thomas' Hospital in London, St Mary's in Manchester and the recently established centre in the Royal Infirmary in Edinburgh. Each centre focuses its research efforts on different issues relating to pregnancy.

We also provide research-based information about pregnancy health issues for medical professionals and parents-to-be. This includes a dedicated telephone midwife service, a comprehensive website and free books and leaflets dedicated to promoting health in pregnancy and pre-pregnancy.

We are supported by people who want to do something about the lack of research and information around pregnancy issues such as miscarriage, stillbirths and premature births.

By 2030 we want to halve the number of babies who die during pregnancy or birth.

Tommy's  
Nicholas House  
3 Laurence Pountney Hill  
London EC4R 0BB

Email: [mailbox@tommys.org](mailto:mailbox@tommys.org)  
Phone: 08707 70 70 70

First published in 2004. This edition published in 2009.

©Tommy's, the baby charity, trading as The Baby Fund Trading Limited, 2009

British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library. ISBN: 0 9546426 1 9

TOMMY'S, THE BABY CHARITY is registered charity no 1060508 and SCO39280

The information contained in this guide gives general guidance. It should not be regarded or relied on as a complete and authoritative statement of the law, nor does it replace advice from a professional health carer, such as your GP or midwife. You should always check with your health carers before undertaking any exercise.

# Welcome to *Pregnancy at work* – for employees

---

Congratulations!

And welcome to *Pregnancy at work* – for employees.

Your manager has given you this guide because you are pregnant. It contains information designed to help make your experience of a working pregnancy healthy and fulfilling. You'll find information about staying healthy in the workplace. You'll also find hints and ideas for eating well, managing your workload and dealing with stress.

A productive working pregnancy is a team effort. Your manager and colleagues are best placed to offer you the support that you need in the workplace. But they will need your help. Every pregnancy is different, and every woman will experience it differently. The people you work with will need your guidance about your unique needs for your pregnancy.

Tommy's Pregnancy Accreditation Programme is an initiative developed to promote health in the workplace during pregnancy. As a member of the programme, your employer is committed to supporting your pregnancy. They have pledged to provide you with a smoke-free workplace, a suitable resting place where you can take breaks and time off to take your antenatal appointments.

We hope you find this guide interesting and useful.

From all at Tommy's, we wish you a healthy and enjoyable pregnancy.

**NOTE:** Visit [www.tommys.org/pap](http://www.tommys.org/pap) for the legal basics of pregnancy at work, including information on maternity leave and pay.

**Tommy's** [Let's talk baby]  
Pregnancy accreditation programme

# Contents

## Chapter 1 – Welcome to *Pregnancy at work – for employees*

Introduction .....	6
Lifestyle changes .....	6
A healthy start .....	7
Support networks .....	8

## Chapter 2 – Medical issues

Antenatal care .....	12
Common physical symptoms .....	14
Special health issues in pregnancy .....	18
When to seek urgent medical advice .....	20
Miscarriage and stillbirth.....	21

## Chapter 3 – Common feelings

Work worries.....	22
Financial worries .....	22
Common emotions.....	23
Some common questions .....	24

## Chapter 4 – Managing pregnancy at work

Risk assessments.....	26
Working as a team .....	33
Practical issues .....	34
A working pregnancy timetable .....	36

## Chapter 5 – Having a healthy pregnancy

Basics dos and don'ts .....	40
What to eat .....	44
Keeping fit .....	48
Lifting and posture.....	50
Dealing with stress.....	52

## Chapter 6 – Planning ahead

Before maternity leave.....	56
During maternity leave .....	56
After the birth .....	56

Useful organisations .....	60
Glossary.....	65
Index .....	67
The Pregnancy Accreditation Programme.....	69
Meet the panel .....	70
Acknowledgements.....	72



# Chapter 1

## *welcome to Pregnancy at work – for employees*

---

Pregnancy is a time of great joy and quite a few challenges. This guide is designed to help you work towards a healthy, relaxed pregnancy. It gives advice on balancing the demands of working life with a changing body and growing baby. It's often a juggling act, it can be fun – and it can also be hard work. Read on to find out how to make the next months as special and safe as possible for you and your baby.

### Introduction

If you're having a low-risk, normal pregnancy and work in a safe environment, you can safely continue working until you decide to take maternity leave. This is a guide for those of you who remain at work for all or some of your pregnancy. It aims to steer you through a healthy and happy working pregnancy. It covers pregnancy health issues that relate particularly to the working woman. If you want information about other aspects of pregnancy, there are many guides and books available from bookshops and local libraries, and a number of websites you can refer to (see page 60).

Many women continue to work throughout their pregnancy without any complications,

some until shortly before the birth. Most women decide to stop four, six or eight weeks before their baby is due so that they can relax and prepare for the baby. If you're in good health and want to continue working, there's no reason why you shouldn't, unless your job is hazardous or unsuitable for a pregnant woman. From women working on the shop floor or the top floor, this guide is for everyone. You'll find practical inexpensive tips and suggestions on how to make your pregnancy healthy and relaxing.

### Lifestyle changes

Pregnancy is natural, so you may wonder why people keep telling you to slow down, put your feet up and take things easy. After

**NOTE:** In the guide, we use the term 'employee' to mean any woman working for a organisation under a contract of employment, whether full or part time.

We use 'he' to refer generally to partners, but this also includes female partners.

all, you're not ill, just pregnant. But you do need to look after yourself. What's good for you – plenty of rest, relaxation, nutritious food and suitable exercise – is good for the baby, and will give them the best possible start in the womb.

If you already have children, you'll know how much pregnancy changes your life. And that's not just the physical changes! Your feelings about work may change if pregnancy is making you particularly tired and you're struggling to keep on top of things. Your mood may be up and down like a yo-yo.

You may not feel like going out as much as you did before you were pregnant. You may suddenly feel that you're no longer in control of your life, as if your pregnancy is taking over. Some women enjoy this feeling, but for others it's unsettling. You'll feel more in control if you're aware of how physical and emotional changes can affect both your working and home life.

---

**You'll feel more in control** if you're aware of how physical and emotional changes can affect both your working and home life.

---

## **A healthy start**

You may need to make some changes to your lifestyle as soon as you find out you're pregnant. The following list looks at the basics, which are covered in more detail later in the guide.

- If you smoke, give up now (see page 40 for advice on giving up), and avoid smoky atmospheres.

- It's safest to avoid alcohol altogether but if you do decide to drink, limit yourself to no more than one to two units once or twice a week (see page 41 for information on alcohol and pregnancy).
- Take time to relax (see page 52 for information on relaxation).
- Take some gentle exercise (see page 48 for information on keeping fit).
- Eat a healthy, balanced diet (see page 44 for information on eating well), and if you normally eat lots of snack foods such as crisps and chocolate at work, take healthy snacks such as fruit, nuts and wholemeal sandwiches with you instead.

Some women find it hard to make these changes, but they're worth it. Both you and your baby will feel the benefit if you do.

## Support networks

Now's the time to start accepting offers of help from the people around you – your partner, close family, friends and colleagues. During the first and last few months of your pregnancy, when exhaustion is often at its worst, you may feel the need for someone to do the shopping for you or pick up the kids from school or nursery.

Be confident about asking for support – it's sensible, not a sign of weakness, and people

are often glad to be of help. If you have a partner, discuss with him how he can best offer you support at home.

Encourage him to share the experience of pregnancy by learning about the changes in your body and how the pregnancy is going to affect your home and work life. Reading this guide together may be a start!

Many women go through pregnancy without a partner. This can be tough if a relationship has recently broken down or if you'd been looking forward to sharing the experience of pregnancy with someone special. If you don't have a partner, it's particularly important to use your support network as much as possible. Good friends are invaluable, and colleagues at work can be supportive too. Lifestyle changes may be the last thing you can cope with right now. Perhaps you're struggling to pay a mortgage, bring up other children, or have relationship worries.

Try to focus on yourself and your growing baby as much as you can. Use your network of friends, family and colleagues and check out organisations that can offer support (see page 60).

## You're not alone

Pregnancy is a rollercoaster period of change – you may love it and blossom or

**'I'm just going to carry on as normal. I'll be fine.'**

Yes, you probably will be fine, but be aware of the impact of your work on the many physical changes that you'll experience throughout pregnancy. It helps to know which areas of your work can be changed to make your pregnancy as happy and healthy as possible.

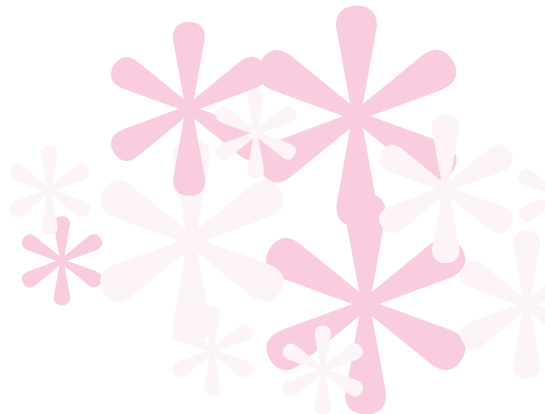
---

## Establish a good relationship with your manager to help you feel more confident about looking after yourself in pregnancy.

---

you may find the experience confusing and difficult. If you feel overwhelmed by your pregnancy, chat to your GP or midwife.

Many women are excited about their pregnancy, but have mixed feelings about how they're going to juggle the next nine months and beyond with the need and/or desire to work. Some feel they need to prove that pregnancy enhances their performance at work – because they don't want their job security or career prospects to suffer. But you don't need to prove anything. Establish a good relationship with your manager to help you feel more confident about looking after yourself in pregnancy and working within your limits. Taking on too much at work or at home will create stress, anxiety and exhaustion – all of which can affect your baby's health and growth.



## Good communication

Just as your employer has additional responsibilities towards you while you are pregnant, you also have a responsibility to maintain a good relationship with them. Even if you have a formal relationship with your manager, you'll both benefit if you make an effort to communicate clearly about any concerns you have and if you're aware of the issues that affect your manager.

## Night or day?

During your pregnancy, if there's evidence that working night shifts is impacting your or your baby's health, your GP or midwife can give you a MED 3 form for your employer requesting a change in your hours and outlining the reasons why this is advisable. Your employer must offer suitable alternative day work, or if that isn't possible, suspend you from work on full pay. You can read more about this in the risk assessments section on page 26.

## Did you know?

Maternity rights are not affected if you work part time, flexitime or job share, although you may not be entitled to Statutory Maternity Pay.



# Chapter 2

## *medical issues*

---

This chapter covers antenatal care as well as some of the physical changes you might experience now that you are pregnant. Don't worry if it looks like a painfully long list; it's highly unlikely that you'll experience all of the symptoms and many women experience only a few.

### **Antenatal care**

In some areas there are different types of antenatal care available and you may be able to choose between them. Ask your GP or midwife about the types of care on offer in your area (see also [www.drfooster.co.uk](http://www.drfooster.co.uk)), and when deciding what you would like, consider how it will fit in with your working and home life. Your choice may be limited if you have any special medical conditions.

### **Who's who?**

You'll meet a whole range of health professionals during your pregnancy. These will probably include your GP and your midwife. If there are complications or you have any special medical conditions, you may be under the care of a consultant or obstetrician (a doctor specialising in pregnancy and birth) or a member of their team. At work, there may be an occupational health advisor who can advise you on your rights, and on the health and safety aspects of your work, and a human resources manager could advise you on more personal work-related issues.

### **Antenatal appointments**

If you're a part-time or full-time employee you're entitled to paid time off to attend antenatal appointments. Other workers should also be given time off, but this may be unpaid. It's important to go to all your antenatal appointments, even if you're feeling on top of the world or are facing a tight deadline, to make sure that both you and your baby are healthy, and to check that the baby is developing normally. Keep your appointment card with you all the time in case your employer asks to see it. Let your manager know about appointments in advance so that they can plan cover if

---

**It's important to go to all your appointments, even if you're feeling on top of the world or are facing a tight deadline.**

---

necessary. You'll probably be given your hospital notes to keep; make sure you look after them. Carry them around with you, in case you ever need medical attention.

## Frequency of appointments

Your first antenatal appointment will probably be around the tenth week of pregnancy, unless there's a particular reason for you to be seen earlier than this. This 'booking' appointment usually lasts for about an hour. After that, antenatal appointments may occur along the following lines:

- 10 weeks – booking appointment
- 16 weeks – review results of screening
- 18-20 weeks – scans
- 25 weeks – first pregnancies
- 28 weeks – all women
- 31 weeks – first pregnancies
- 34 weeks – all women
- 36 weeks – all women
- 38 weeks – all women
- 40 weeks – first pregnancies
- 41 weeks – women who have not given birth

If you have a medical condition or any other concerns your appointments may be more frequent.

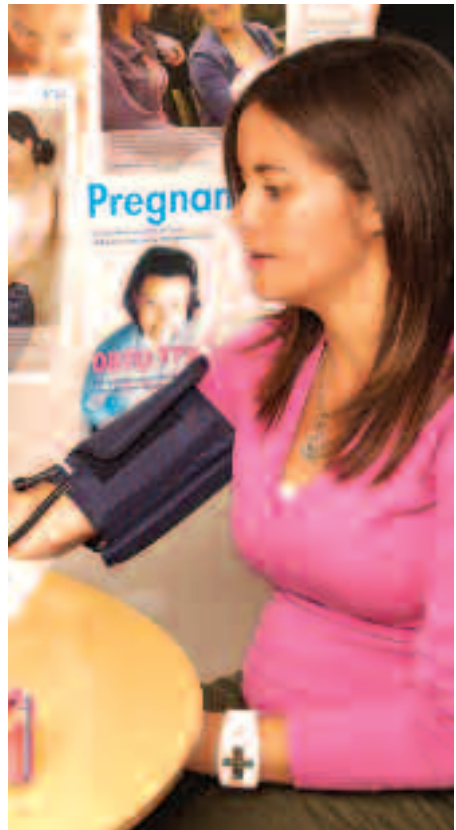
## Antenatal and relaxation classes

Your GP or midwife may recommend that you attend antenatal, parentcraft or relaxation classes, which usually start from around the 30th week of pregnancy. There are some classes available on the NHS and others that are run privately, such as those organised by the National Childbirth Trust. They're a great opportunity to find out more about pregnancy, birth and baby care, and to meet other mums-to-be in your area. Classes fill up quickly, so make sure you book early. You may need to show your

employer a letter from your GP or midwife confirming that they have recommended these classes as part of your antenatal care.

## Take a friend

You may find it reassuring to take your partner or a close friend along to antenatal classes, especially if this is the person you'd like to have with you during your labour. It's a good opportunity for your partner to meet other dads and partners, and to find out more about the later stages of pregnancy, labour and the first few weeks of looking after a new baby. Your partner will be welcome to attend most classes, but he isn't entitled to paid time off work. If you think you would feel more comfortable in women-only groups, ask your midwife for details of relevant classes.



## Common physical symptoms

Pregnancy affects your whole body, from your teeth to your feet, so you may experience a number of minor complaints. All the symptoms listed in this chapter are common in pregnancy, but if you're worried about these or any other symptoms, always check them out with your GP or midwife. It's much better to be reassured by a health professional than to spend your time worrying. Chapter 5 of this guide offers lots of advice and information on ways to stay healthy, for example by eating a nutritious, balanced diet, taking regular exercise and dealing with stress, all of which can help to prevent many of the more common pregnancy problems.

Physical symptoms that you experience in pregnancy should be taken into account in your risk assessment (see page 26).

## Morning sickness

This is usually worse in the first few months. Some women only feel nauseous occasionally, while others can be sick throughout the day. Talk to your GP or midwife if you're excessively sick or feel generally unwell – you might be losing too much fluid. Colleagues and friends will probably offer lots of suggestions for combating morning sickness, and the following may help:

- snack on ginger – try biscuits, tablets or syrup – even first thing in the morning!
- eat small amounts regularly
- wrist acupuncture bracelets.

Talk to your manager about changing your hours for a while if you find that the worst of the sickness coincides with your journey to work, or times when you're likely to be serving a customer, for example.

---

## You qualify for free dental care while you're pregnant so make sure that you have at least one check-up.

---

### Weak bladder

Even though you may need to pee more often because the baby is pressing down on your bladder, continue to drink plenty of fluids. You may find that you leak a bit of urine when you cough, sneeze or laugh. This could be because your pelvic-floor muscles have relaxed slightly to prepare for your baby's birth, so keep practising your pelvic-floor exercises (see page 49), and wear a light pad if you're finding it a problem.

### Backache

This is a common complaint in pregnancy as your weight and centre of balance shift, and the joints in your pelvis loosen in preparation for the birth. Avoid lifting wherever possible, and check your posture. Stress can make backache worse, so use your relaxation techniques as much as possible. You may benefit from seeing an osteopath, some of whom specialise in pregnancy back care.

### Varicose veins

Carrying extra weight, pregnancy hormones and increased blood flow all put pressure on the veins – so it's no surprise that many women have varicose veins in pregnancy. If you have any symptoms (including pain in the legs or vulva, swollen, visible veins and itchiness) check with your GP to make sure that there's no inflammation or blood clots. Avoid standing for long periods. When you're sitting down at work or home, don't cross your legs as this slows down the blood flow. Gently stretch and flex your feet. Support

### Lack of sleep

Just when you need it most, sleep seems to elude you! You may feel uncomfortable and restless as your bump grows, and you may need to get up several times in the night to pee. Or you may be worrying about work, money, the baby's room, labour. Try not to fret! Even if you can't sleep, there are other ways to rest your body and mind (see page 52 for more on relaxation).

- Try cutting back on the amount of work you're doing.
- Limit going out in the evenings to once or twice a week.
- Have a milky drink before you go to bed.
- Rest whenever you can – even at work in your breaks.
- Avoid too much caffeine.
- Eat a varied, healthy diet.
- Take some gentle exercise, such as a walk or swim.

Instead of lying awake worrying about not sleeping:

- read a book
- try one of the relaxation techniques suggested on page 54
- listen to soothing music.

tights can help if you put them on before you get out of bed and the blood has had a chance to collect in the veins. Wear low-heeled, comfortable shoes.

### Teeth and gums

Unlikely though it may seem, hormonal changes affect your gums and teeth. Gums tend to bleed more, and you may find that you get a build-up of plaque on your teeth. You qualify for free dental care while you're pregnant (and for the first year after your baby is born) so make sure that you have at

least one check-up. Tell the dentist you're pregnant so that he or she doesn't carry out any treatments that are harmful during pregnancy. Cut back on sweets and chocolates – snack on fruit, crackers or nuts (unless you or someone in your family has a nut allergy). You could also keep a spare toothbrush and a tube of toothpaste in your bag so you can brush your teeth after meals. If it's not practical to do that at work, chew a piece of sugarless gum or have a piece of cheese after your meal to help prevent dental decay.

## Piles

Piles, or haemorrhoids, are not the most frequently discussed topic in a break, on the production line or by the water cooler! But embarrassing or not, piles are a common and uncomfortable problem in pregnancy. They are swollen veins around your anus, and they look like grapes. They can be itchy and sore, and can make sitting down uncomfortable. Drink plenty of water and eat food that's high in fibre, as this will prevent constipation, which makes piles worse. Taking regular exercise can also help to prevent piles. If you do have piles and they become too uncomfortable or there's any bleeding, see your GP.

## Constipation

During pregnancy your digestive system slows down, which can sometimes result in constipation. To avoid it, drink plenty of water (aim for between six and eight glasses a day), include plenty of fibre-rich foods, fruit and vegetables in your diet, and take regular exercise.

## Heartburn

In the early and final months of pregnancy, you may have heartburn – a burning sensation in the chest. If you do, eat regular small meals throughout the day, rather than two or three large ones, and avoid very spicy or fatty fried foods that can make the symptoms worse. A milky drink or a simple antacid may help to settle heartburn. Ask your doctor or midwife for a safe treatment.

## Dizziness and fainting

The extra demand on your body's blood supply system can make you feel dizzy, especially if you work in a stuffy office or factory. If you feel light-headed, sit down and slowly put your head between your knees. Eating regularly and drinking plenty of fluids will help to prevent dizziness. Avoid getting up too quickly, even if you're

desperate for the loo! If you do faint, tell your midwife or GP as soon as possible. Otherwise, tell him or her about the dizziness at the next check-up.

## Leg cramps

An occasional sharp knot of pain in your leg or foot is probably a cramp (but if it is persistent, check with your GP that there's no blood clot). Blood clots come on gradually and cause swelling and redness that is painful to touch. If you experience this it's important to see your GP or go to the hospital straightaway. Cramp comes and goes much more quickly and is a muscular spasm that can be alleviated by firmly rubbing the affected area and flexing the foot upwards. Taking regular exercise to tone your legs and feet can help to prevent leg cramps, and a calcium supplement may also help to stop them occurring.

## Nosebleeds

Nosebleeds are common in pregnancy even for women who don't normally have them, and you may also have a blocked, stuffy nose. Both are caused by pregnancy hormones. Keep a supply of tissues nearby, and if you do have a nosebleed, pinch the soft part of your nose just under the bridge and lean forward slightly. Keep the pressure on for 15 minutes so the blood can clot. If the bleeding is heavy and frequent, tell your GP or midwife.

## Carpal tunnel syndrome

If you work at a keyboard or your job involves other repetitive hand movements, you may already have carpal tunnel syndrome – pain and numbness in some of your fingers. Now you're pregnant, you're more likely to experience it. If you do, shake your hands from time to time and take regular breaks from what you are doing. If you use a keyboard, press the keys lightly, keeping your elbows higher than your wrists. Use your whole hand if you are lifting an object. If it persists, talk to your GP or

midwife, who may recommend a special wrist splint, which can also be worn at night.

## Swollen ankles

Swollen ankles and wrists may look unattractive, but they're usually nothing to worry about. It's probably due to an increased amount of fluid in your body. Put your feet up whenever you can – if you work at a desk, can you arrange your desk so that you have room for a stool for your feet? Avoid wearing tight-fitting socks or shoes. Loosen your watchstrap and take off your rings if they feel uncomfortable.

If you have symptoms in addition to swollen ankles, such as a headache, blurred vision or flashing lights, contact your GP or midwife as soon as possible. These may be signs of a dangerous pregnancy condition called pre-eclampsia, so you will need to have your blood pressure checked and your urine tested for protein as a precaution.

## Urinary infections

Feeling the need to pee more often, and experiencing a burning sensation when you do pee, is more common in pregnancy. See your GP, as you may need antibiotics. Drink plenty of water. Cranberry juice can also help flush out the bacteria (but do not take if you are taking Warfarin).

## Thrush

Thrush – (vaginal itchiness, often with a smelly, white discharge) is more common in pregnancy. Avoid wearing tight trousers or pants, and if you do get it, ask the pharmacist or GP for some antifungal pessaries and/or cream (tell him/her you're pregnant) and let your GP or midwife know.

## Feeling hot

Hormonal changes and increased blood flow to your skin mean you may feel hotter than usual. Drink plenty of fluids (but try to avoid coffee, tea and fizzy drinks), wear loose clothes made of natural fibres, and rest.

## Special health issues in pregnancy

If you have any special health issues, it's particularly important to have a balanced healthy diet (see page 44 for more on eating healthily in pregnancy) and to make sure you get plenty of rest. You may need to have more frequent antenatal check-ups than other women, and you should always follow the advice of your professional health team. Give your employer your MED 3 (from your GP) so that he or she can take any health issues into account in your risk assessment. There are a number of support groups for pregnant women with particular health needs – ask your GP or midwife for information on relevant groups in your area.

### Previous miscarriage or stillbirth

If you've had a previous miscarriage or stillbirth, you may feel particularly anxious about this pregnancy. But each pregnancy is different and your GP or midwife will advise you on any specific health issues relating to this one. Make sure you eat well, rest and take advice from your health team about appropriate exercise. It's also important to relax as much as possible (see page 52 for more information on relaxation techniques).

### Over 40

Being an older mum has lots of advantages, not least that you're more experienced and more likely to be established in your career. But, as women age, the risk of miscarriage and premature labour increases, and there is also an increased chance that the baby will have Down's syndrome. However, there are a number of tests available to detect abnormalities in the baby, and both you and your baby will be monitored closely throughout your pregnancy to make sure you are both as healthy as possible. Talk to your GP or midwife if you have any concerns. You may find it especially tiring if you're working, have a young family and no

longer have the energy of a 20 year old. Try to make time each day to relax.

### Depression

A case of the blues in pregnancy is common, but if you feel very low and your mood doesn't lift, tell your GP or midwife. Don't be ashamed about your feelings – lots of women have them, and it's important not to bottle them up. You may need some counselling or other support, or your GP may prescribe a course of antidepressants.

### Diabetes

If you are diabetic or if you develop diabetes in pregnancy (a condition known as gestational diabetes), you'll probably need to have more check-ups than other women. Make sure you follow your GP's or consultant's advice about diet and exercise, and take plenty of rest.

Your health team may advise you to start your maternity leave earlier than you'd planned. Your anti-diabetic treatment will almost certainly have to be increased during pregnancy and cut back again as soon as the baby is born. Gestational diabetes usually disappears once the baby is born but may reappear in subsequent pregnancies.

### Asthma

Keep your inhaler or medication with you at all times (but only take that prescribed for use in pregnancy).

---

If you have any special health issues, it's particularly important to have a balanced healthy diet and to make sure you get plenty of rest.

---

## Epilepsy

Some women with epilepsy experience more seizures during pregnancy than at other times, but others find that frequency does not increase. Tell your GP or midwife if you start to have more frequent seizures, and always follow their advice.

## High blood pressure

If you have high blood pressure you'll need as much rest and relaxation as possible. And if your job is stressful you may need to cut back on your hours for a while. Keep your GP or midwife informed about any other symptoms you experience, and always follow their advice. Stress could be a health and safety matter. Remember, you should not be exposed to unreasonable levels of pressure or stress, which can lead to high blood pressure.

## Physical disabilities

If you have a physical disability, your workplace should already have made any necessary adjustments. If you have a spinal injury, you may be more vulnerable to kidney and bladder problems, anaemia and muscle spasms, so it's important to attend all your check-ups, rest whenever you can, follow a healthy diet and drink plenty of water.

## Twins and more

Two or more growing babies place additional demands on your body so you need to rest whenever you can and listen to the advice of your health team. You'll need more regular antenatal check-ups, including ultrasound scanning, and you'll probably be advised to stop work earlier than if you were pregnant with one baby.

## When to seek urgent medical advice

Pregnancy is accompanied by a multitude of symptoms (see page 14 for more on common physical symptoms). Most are quite normal and nothing to worry about, even though they can seem rather alarming. Listen to your body, and if you're at all worried, seek medical advice.

If you have any of the symptoms below while you're at work, ask a colleague to inform the nominated person responsible for First Aid (if there is one) then call your GP, midwife or the hospital.

Make sure that you keep your list of emergency contact numbers handy and take your hospital notes and the hospital telephone number with you when you leave the house.

If you have other children who may need to be collected and looked after, make sure that you've arranged with a friend or neighbour to step in if necessary. You should also make sure that their telephone numbers are on your list of emergency contact numbers, or that your partner or a trusted friend who's on the list has their details.

### Warning signs

Even if you feel well, some symptoms shouldn't be ignored. Contact your GP or midwife immediately if you experience any of the following. If you can't get through, call the maternity unit of your local hospital and they'll advise you of the best course of action.

Contact your GP, midwife or hospital if you experience:

- any vaginal blood loss
- excessive and/or sudden swelling or puffiness of the hands or face (it is always best to play safe and check out any swelling that persists for more than 24 hours)
- severe headaches
- severe itching in the last months, especially on the soles of feet/palms of hands
- fever (temperature greater than 37.5°C)
- breathlessness
- excessive tiredness
- painful urination
- vision disturbances (blurring/double vision/flashing lights)
- signs of premature (earlier than 37 weeks) labour (regular contractions, gushing or leaking of fluid from the vagina, for example)
- abdominal pain
- reduced movement of your baby or baby moving less frequently than normal
- anything that is out of the ordinary for you or that concerns you, including feeling generally unwell
- signs of vaginal infection, such as pain or itchiness with or without a discharge
- pain in your calves.

# Miscarriage and stillbirth

Losing a baby before, during or soon after birth is devastating. You and your family will need time and support to help you come to terms with your baby's death. As you struggle to cope with the shock and the overwhelming feelings, such as sorrow, loss, anger and denial, your hormones will also be making you feel very emotional and weepy. Even though you have miscarried or your baby was stillborn, your body may still produce milk, and you may experience cramps after the birth.

These physical reactions can make it harder to come to terms with your loss. It will take you and your family time to accept what has happened, and it may put pressure on your relationships with those closest to you. Use all the support you can get (see page 62). However hard you find it, it's important that you continue to take good care of yourself. Eating may be the last thing on your mind, but you'll need the energy.

## Miscarriage

If you lose your baby through miscarriage (before the 24th week of pregnancy), you're not entitled to any specific time off.

However, your GP may sign you off sick for a while and you may be able to take annual leave or compassionate leave if your contract allows. Although you don't benefit from maternity leave and pay, you're

protected against detrimental treatment because of your miscarriage.

## Stillbirth

If your baby is stillborn (after the 24th week of pregnancy), you're entitled to maternity leave and pay as if your baby had been born alive. You may want to return to work as soon as possible to try and establish your routine again, but if you do go back to work early, do make sure you still allow yourself time to grieve. Or you may want to take as much time off work as possible to come to terms with your loss. Do what feels right.

## Reactions at work

Colleagues at work will be upset for you but they might not know the best way to react. If you find that it helps you to talk about your loss, do so. But if you don't want to talk about it, just have a quiet word with one of your colleagues and ask them to let others know. You may find it difficult to be around colleagues who are pregnant or who have babies or young children. There will be many such uncomfortable reminders of your loss – some will appear when you least expect them – but in time the pain will feel less acute.

---

**'It's the worst thing we've ever been through, but we'll never forget her – she'll always be part of our family, however short her life was.'**

---





# Chapter 3

## *common feelings*

---

As well as all the physical changes during pregnancy, feelings can be topsy-turvy. Concerns about the pregnancy and the future are natural, and having fears or anxieties certainly doesn't mean you won't be a loving mum when the time comes. If you feel very low, with loss of appetite, loss of interest in your life and lack of energy for longer than a couple of weeks, talk to your GP or midwife, as you may have depression. Don't feel guilty about it. Your GP may be able to refer you for some counselling.

### **Work worries**

Although your manager is responsible for ensuring you have a safe and productive pregnancy, he or she is not clairvoyant – if you don't tell them about any concerns, they'll remain unresolved. You should also put your needs and concerns in writing to your employer. If you're finding work a struggle and if you're feeling guilty that you're not working as hard as others, chat to your manager. Remember, your pregnancy is already working you hard.

### **Guilt!**

Leaving work early to go to an antenatal appointment or asking for a change of duties when other colleagues must continue with the same duties, may leave

you feeling guilty. As you balance the needs of work with the needs of your growing baby, you may feel that you're letting people down. But during pregnancy there are good reasons to switch duties or work fewer hours. If it helps you feel less anxious and guilty, explain to colleagues why you have to leave work or change duties, although they probably understand already. If colleagues feel resentful they should address their concerns with their manager, who should resolve their issues without involving you.

### **Pressure**

Women often feel under pressure to be all things to all people, and pregnancy can make it worse! You may want to be superwoman at work and supermum-to-be.

Try not to put pressure on yourself. Listen to your body and your emotional needs. If you're too tired to go out in the evening, stay at home. Or, if you don't feel up to finishing a report hours after you should have finished up for the day, go home and get some rest.

## Financial worries

You may be worried about how you'll cope financially, especially when you're on maternity leave. Check to see if you're eligible for additional benefits, and try to sort out a financial plan early in your pregnancy. If you have a partner, discuss any concerns with him or her – it's easier to share your anxieties with someone else than to worry on your own.

## Common emotions

### Labour

Most pregnant women worry about labour, especially as the birth approaches. Your midwife has a lot of expertise and experience and will be able to reassure you, so talk to her. Don't keep all your fears bottled up – they're quite natural and certainly nothing to be ashamed of.

### Relationships

You may feel concerned about how a new baby will affect your relationship with your partner if you have one. Talk to him, because he's probably concerned too. It's new ground for both of you and it will be a much easier and enjoyable journey if you can share your feelings.

Being pregnant can sometimes feel isolating, especially if you don't have a partner or if your partner isn't hugely supportive. It can be hard at work, too, particularly if most of your colleagues are men and you feel under pressure to keep up with them. Antenatal classes are a great way to meet other women who may be in a similar situation.

---

**Women often feel under pressure to be all things to all people, and pregnancy can make this worse and cause stress.**

---

### Coping as a parent

Most parents-to-be, and that includes dads, are anxious about coping as a parent. Parenthood is extremely fulfilling, but it's challenging too. It's a learning process for everyone. Chatting to other people in your parentcraft classes will reassure you that you're not alone in your feelings.

### Mood swings

One minute you may feel on top of the world, and the next you may be wiping away tears. Hormones are racing around your body, so it's no wonder you feel up and down. If your moods are putting a strain on relationships, explain how you feel, and try to accept that your feelings are natural. It may help to chat with a girlfriend, or do something you enjoy, such as spending an evening in with a video and a takeaway.

### Forgetfulness

Some people think forgetfulness is part and parcel of pregnancy and blame it on the hormones. Others think pregnancy actually increases mental ability. Whichever is true, it's understandable to forget things in pregnancy. It may be the hormones or it may be because you've already got a lot on your mind. If you're used to running a busy office or managing a myriad of detail in your mind and now you can't even remember where you parked the car, don't worry. Accept it as natural and take things slowly. And make written notes to remind yourself about important things.

## Some common questions

### **‘Is my baby OK?’**

Many women worry about the health of their baby. But don't increase your anxiety by keeping your fears to yourself. Talk to your GP or midwife about the way you feel – they can reassure you. Instead of worrying, focus on looking after yourself and having a healthy pregnancy.

### **‘How will I cope with work and a baby?’**

Being a working mum is demanding, and it may take a while to juggle meeting your baby's needs with getting to work on time. With a supportive employer, you should be able to carry on working and care for your child. Chat to your employer to see if you can be flexible about your starting or finishing times.

### **‘I suffered from postnatal depression with my first baby. I'm terrified it will happen again.’**

Just because you had postnatal depression after your first baby was born doesn't necessarily mean it will happen again. Focus on this pregnancy and try to relax and feel calm. Make sure your GP is aware of your concerns.

### **‘I'm on my own. I don't know how I feel about having the baby.’**

It can be lonely and hard being a single parent, especially if everyone else seems to be with a partner. Lots of women, with or without partners, feel unsure about their pregnancy, especially if it's their first baby. Your

feelings don't mean you won't be able to cope once the baby is born. Use your support network and talk to friends and family about your feelings.

### **‘I feel like a failure. I feel unattractive and clumsy and my body is falling apart.’**

You're not a failure. Most people carrying a heavy package around on their belly would feel clumsy – your centre of balance has changed. Your body is working overtime to keep up with the demands of a growing baby, so you'll have lots of different symptoms. Talk to your GP or midwife if you're worried. Some women sail through pregnancy while others may find it a strain. Everyone's different.

### **‘I'm so tired. I don't know if I can carry on working.’**

You can start maternity leave earlier than you originally planned – but remember you must give your employer 28 days' notice unless it isn't reasonably practicable to do so. Feeling very tired is your body's way of telling you it's time to slow down.

### **‘I feel selfish because I'm thinking about my work but I don't want my career to suffer.’**

Your work is important to you, and it doesn't have to be a choice between having a career and being a mum. You can work and still love and care for your baby. Enjoy your maternity leave, and check out childcare options as early as you can to find the best option for you and your baby (see page 62 for organisations that can give you more information on childcare).



# Chapter 4

## *managing pregnancy at work*

---

### **Risk assessments**

You're likely to be as safe at work as you are at home. However, there are areas of work that can present possible problems. Some are obvious, such as handling dangerous chemicals or working at heights. Others may be less so, such as unreasonable levels of stress and work pressure, standing for long periods or lifting heavy weights. Carrying out a risk assessment identifies possible hazards so that appropriate action can be taken to ensure your health and safety, and that of your baby.

A risk assessment sounds very formal and quite alarming. But it's actually just a simple way for employee and manager to work together to identify any potential problem areas and to find ways of dealing

---

**A risk assessment is a step-by-step look at the demands of your job, and workplaces to check that they're safe for you**

---

with them. Employers should already have conducted a risk assessment for all employees, taking into account risks to new or expectant mothers. When your manager is informed that you are pregnant, he or she should arrange for a risk assessment to be carried out specific to you.

The assessment should be reviewed regularly throughout your pregnancy, taking into account changes in your health, work and/or hazards. If you return to work within six months of your baby's birth, or if you're breastfeeding, your employer must review your risk assessment again.

A risk assessment is a step-by-step look at the demands of your particular job, working practices and workplaces to check that they're safe for you as a pregnant employee. It could simply be a question of making sure that you aren't carrying heavy boxes, have access to the loo and have a working area free from spills on which you could slip – and that should apply to all employees, pregnant or not!

It will formally reassure you that your workplace is safe, and reassure your manager that he or she is continuing to safeguard your interests. It's common sense and protects the interests of both of you.

## What's the point?

The risks to a pregnant trapeze artist are more obvious than those to a pregnant office worker. But even if you're comfortable in your job and feel sure that it has no risks, it's worth doing a risk assessment, and it's something your employer is legally required to do. You may not discover any hidden hazards, but just looking at various workplace factors can make you and your employer aware of possible implications for your pregnancy.

You can then make small adjustments to ensure that your environment is as safe as it should be and, ultimately, that you have a more comfortable pregnancy. If you have two or more jobs, you should have a risk assessment for each job.

## Medical queries

If you're unsure about the health implications of any areas of your work, discuss your job with your GP or midwife and get their advice on any aspects that may affect your health or that of your baby. Ask them to indicate any areas that they think may need modifying.

If you do more than one job, make sure that your GP is aware of the precise nature of each of them. If you have received a medical statement form from your GP to highlight any complication of pregnancy specific to you, your employer must take any information or advice on the form into account when carrying out the risk assessment.

## Did you know?

Employers should carry out a risk assessment for all employees, not just those who are pregnant or breastfeeding. When an employee becomes pregnant, this risk assessment should be reviewed and made specific to the individual.

## Night shifts

If working nights causes you stress or pregnancy-related health problems, talk to your GP who may recommend on a medical statement form to your employer that you stop night shifts for health reasons. You should then be offered a daytime job (on the same or better terms and conditions). If this isn't possible, you should be suspended on full pay for the rest of your pregnancy.

## Not for now!

The following jobs are all unsuitable for pregnant women:

- working in underground mines
- diving
- working with lead.

If your current job is unsuitable, your employer should offer you alternative suitable work, on the same or better terms and conditions. If that isn't possible, you should be suspended on full pay until there is no longer a risk to your health or that of your baby if you return to work while you're still breastfeeding.

Why a risk assessment during pregnancy is important:

- It identifies possible hazards so that appropriate action can be taken to ensure that your work doesn't present any threat to you or your baby's health.
- It reassures you about your well-being at work and thus reduces anxiety.
- It reassures your employer that he or she is acting within the law and is caring for the workforce.
- It ensures that the workplace is as comfortable as possible.
- It reassures the rest of the workforce that your employer is concerned for the health and well-being of staff.

## Physical changes

Each trimester, your body changes – and that’s not just the size of your bump. Understanding changes that take place over the course of your pregnancy will help you to see why it may not be a good idea to work a 16-hour day or operate heavy machinery in the sweltering heat.

Physical change	Possible effects	Risks / impact at work	Solutions
Hormonal changes	Joints and ligaments loosen and become easy to strain or pull	Lifting and stretching	Use suitable lifting aids or switch to alternative duties temporarily
Circulation system has to work harder	Varicose veins, cramps	Prolonged sitting or standing	Take regular breaks, have access to a seat, and when sitting, try to put your feet up  Exercise legs and feet  Wear support tights
Increased blood flow and hormonal changes	Dizziness	Prolonged standing  Working from heights	Have access to a seat and fresh air  Drink plenty of water to prevent dehydration  Have regular snacks to maintain blood sugar levels  Avoid sudden change from sitting to standing
Low blood pressure	Dizziness  Tiredness	Prolonged standing  Working from heights	Drink plenty of water to prevent dehydration  Have regular snacks to maintain blood sugar levels
Increase in body fluids	Swollen ankles and wrists  Carpal tunnel syndrome (tingling and pain in the hands and fingers)	Prolonged standing or sitting  Repetitive movements	Have access to a stool or chair  Drink plenty of water  Take regular breaks

Physical change	Possible effects	Risks / impact at work	Solutions
Weight distribution changes and centre of gravity changes	Danger of losing balance or falling Difficulty moving around	Working from heights Working in a confined space Difficulty manoeuvring	Check workspace for comfort and safety
Expanding uterus puts pressure on bladder	Discomfort Bladder infections Backache Need to pee often	Discomfort Need to leave site/workplace for access to the loo	Have access to the loo Comfortable seat and well-designed workstation Ability to plan work
Tiredness – the body is working hard!	Extreme tiredness Risk of falling asleep while working or travelling Exhaustion	Overworking Difficulty focusing on work	Adjust or cut back on hours Take regular breaks Have access to fresh air
Hormonal, physical and emotional changes can lead to mood swings and anxiety	Stress can increase the incidence of miscarriage, premature birth, low birth weight, growth and development problems High blood pressure	Stressful situations	Cut back hours Take regular breaks Change shift patterns Switch duties to avoid stressful situations
Metabolic rate increases	Overheating/heat stress Fainting	Discomfort Risk of falling	Access to water Avoid temperature extremes

## Guidelines for carrying out risk assessments

A risk assessment doesn't need to be complicated. In some occupations, there will be few hazards present and assessing the risks may be no more than common sense. Risk assessments can be tailored to each individual occupation, but the most important things when carrying out a risk assessment are to be methodical about looking at all aspects of the work and workplace, and not to take anything for granted.

The chart below outlines the steps that should be taken by your line manager when he or she is carrying out a risk assessment for you.

**Identify any hazards** – these are often broken down into the following groups: biological, chemical, ergonomic, physical, psychosocial. Write down any findings and take into account the midwife or GP's advice on their patient. It's a good idea for small employers (employing fewer than five) to do this too, even though they are not required to do so by law.



**How likely is it that each hazard will cause harm? Is the risk high or low? Take action to remove, reduce or control the risk.**



**Adjust working conditions/hours of work if possible.**



**If that is not possible or the risk remains significant, offer the employee suitable alternative employment and continue to assess and review her new role.**



**If there is no suitable alternative work, suspend the employee on full pay for as long as necessary. She must continue to benefit from the same terms and conditions during any temporary adjustments to her job or in the new role to which she has been temporarily assigned.**



**Set a date to review the risk assessment each trimester, even if no hazards were identified.**

## Hazard types

The chart on the following page shows the types of hazard that may be present in the workplace and suggests ways to reduce the risk to both mother and baby.

For more information, see *New and expectant mothers at work, a guide for employers* and *A guide for new and expectant mothers who work*, published by the Health and Safety Executive (see page 61 for details of how to contact the HSE).

If you work in an occupation where health and safety issues have already been identified (such as radiography or work with chemicals), you should continue to follow the health and safety guidelines already in place, ensuring that you take into account any adjustments that are advised for pregnant workers. The COSHH (Control of Substances Hazardous to Health) Regulations detail measures that should be taken to protect employees from hazardous chemicals or substances. These measures should be included in the risk assessment. If any of the hazards identified in the chart are present in your workplace, your employer will need to refer to the relevant regulations

or guidance for information on what needs to be done to reduce or remove them.

## After the assessment

A risk assessment is only worthwhile if you understand it. If anything is unclear or if you feel there are still outstanding issues, talk to your manager. If you don't think your concerns are being dealt with, ask your GP for his or her advice about the workplace factor that concerns you.

## Not satisfied?

If you continue to feel that the risk assessment hasn't identified all the risks or that no action has been taken on those that have been identified, discuss it again with your manager or occupational health (OH) representative. If that still doesn't resolve the matter, put your concerns in writing. Be specific and realistic, and say exactly what you're looking for. Copy in your manager and your occupational health or union rep. Ask advice from your union. You can also contact your local authority environmental health or health and safety officer, either of whom may be able to help with the completion of an adequate risk assessment.

**Hazard: anything that may cause harm, from stress to handling chemicals**

**Risk: the likelihood that someone will be harmed by the hazard**



Type of hazard	Whom it could affect	Risk it could present	Examples of risk reduction/removal
Biological: bacteria and viruses that cause diseases such as rubella	Health workers Teachers	Risk of miscarriage and danger to the unborn baby	Change duties while risk is present Wear protective clothing
Chemical: cleaning fluids, pesticides, asbestos, lead, mercury, carbon monoxide, cytotoxic drugs	Cleaners Agricultural workers Factory workers Nurses and pharmacists	Risk of miscarriage and damage to the unborn baby	Wear protective clothing Follow hygiene practices Change duties if necessary
Ergonomic: lifting and handling, repetitive activities, working machinery, working in a confined space, prolonged standing or sitting	Production line workers Retail workers Office workers	Ligament strain Prolonged standing may lead to dizziness and increased risk of premature birth Prolonged sitting may lead to risk of deep vein thrombosis	Vary duties Change workstation for increased comfort Use stools to rest legs Use lifting equipment
Physical: noise, dust, vibrations, radiation, extreme temperatures, violence and slips and trips	Machinists Radiographers Those with direct contact with customers Factory workers Labourers and manual workers	Persistent noise levels can lead to stress and tiredness Strong vibrations, exposure to dust, radiation, extreme temperatures and violence present a risk to the baby	Move to quieter area Change duties to avoid risk Avoid handling cash to reduce the risk of violence Make sure workplace is clear of obstacles or spillages on the ground
Psychosocial: lone working, long hours, stress at work, threat of abuse or violence, night working	Home workers People who work in public service Shift workers or managers	Stress can increase the risk of miscarriage and affect a woman's ability to breastfeed	Provide additional training Improve communication for lone workers Switch to day work Delegate to other staff to avoid unnecessary stress Cut back hours

## Working as a team

If you and your manager work together in a spirit of co-operation, the next few months are likely to be both productive for the organisation and pleasant for you.

### Be wise

Some women sail through pregnancy. Others find that the combination of work and their growing bump puts huge pressure on them, creating anxiety and stress. No one can predict how pregnancy will affect them – every woman reacts differently, emotionally and physically. Try not to feel pressurised by what other pregnant women do. And if it's not your first baby, remember that each pregnancy is different – it could be easier this time or it could be harder.

---

## Acknowledging that you need to make changes at work *doesn't mean that you are a failure*

---

If you find it too exhausting and stressful to continue working, talk to your manager (see page 14 for information on common problems during pregnancy, and page 52 for advice on relaxation techniques). You may need or want to start your maternity leave earlier than you had originally planned. Don't feel that you have to work until the last week of pregnancy because friends or colleagues did. You may just need to cut back on your hours or make some other small adjustments to your working life.

Acknowledging that you need to make changes at work doesn't mean that you're a failure or that you're letting yourself or anyone else down – it simply means that you're pregnant and you're listening to what your body is telling you it needs. If you don't point out any problems or queries relating to your work as they come about, they could go unnoticed, which may cause you to feel resentful and uncomfortable. It's your responsibility to draw attention to any issues that concern you so that your employer can fulfil his or her responsibility and resolve any problems.

### In case of sickness

If you have any pregnancy-related illness, your employer should record it separately from other illness. Employers should not count pregnancy-related sick leave during pregnancy towards an employee's total sickness record, or use it as a reason for redundancy or disciplinary action. If you're ill within four weeks of the expected week of childbirth, you may have to claim maternity pay instead of sick pay.

### Think of your employer

Your manager, especially if you work for a small organisation, may be anxious about the effect that your pregnancy and maternity leave will have on the organisation. It doesn't mean that he or she isn't concerned about your welfare or isn't supportive. If you feel that your manager isn't being sufficiently sympathetic to your needs, remember that he or she may be worrying about the maze of maternity law. Just as you have rights, so too does your employer, and your manager has to protect

### Did you know?

It is against the law for an employer to dismiss or treat a woman unfairly because she is pregnant or taking maternity leave or because of pregnancy-related sickness.

the organisation's interests and the needs of your colleagues as well as yours.

## Practical issues

### Taking maternity leave

It's usually helpful to give your manager an informal indication of when you're likely to start your maternity leave, so that he or she can start thinking about maternity cover.

Legally, you only need to let your employer know by the end of the 15th week before the expected week of childbirth, giving 28 days' notice of when you want to start your leave. Most managers will appreciate more advance notice however, even if you later change your mind about the dates. For more on your entitlement to maternity leave, visit the Direct Gov website (see page 61)

Some women feel they need to make up for the fact that they're pregnant and will be going off on maternity leave by working harder than normal. But you're entitled to maternity leave so don't take on extra work. Nobody should expect it.

### First Aid

When you're ready to tell people, find out who the person responsible for First Aid in your organisation is (if there is one) and let them know that you're pregnant. Make sure they know about any specific medical issues that might affect you in case there's an emergency at work (see page 20 for more information on when to seek urgent medical attention).

### Travel abroad

If your job involves travelling abroad and you plan to make any journeys by plane, check with your GP or midwife that it's safe

for you to fly, especially if you're more than 30 weeks pregnant. Many airlines will not carry women who are in an advanced stage of pregnancy, so check with the airline before you finalise any plans.

If you do fly:

- ask the airline to give you the most spacious seat possible
- wear support tights during flights to lessen the risk of deep vein thrombosis
- drink plenty of water during the flight
- get up and walk around regularly
- keep circling your ankles slowly while you're sitting down
- remember to pack some healthy snacks in your hand luggage
- avoid alcohol
- don't carry heavy suitcases – use a trolley, invest in a suitcase on wheels or ask someone to help you
- take your hospital notes with you.

### Working abroad

If you're going to be working abroad while you're pregnant, the risk assessment process must be carried out very carefully, as in some countries it may be difficult to fully protect you from infections or disease.

### Travel in the UK

If your job involves a lot of driving, make sure your seatbelt fits comfortably, perhaps using special pad to hold the belt in the correct position for pregnancy. Keep a bottle of water and some healthy snacks in the car. If you start to feel tired while you're driving, stop somewhere well lit, near other people, where you can stretch your legs. Keep your mobile phone with you, along with your hospital notes and a list of telephone

### Did you know?

An employer acts against the law if he or she discriminates on the basis of your pregnancy or fails to make working conditions acceptable.

numbers (including the hospital number), just in case you need to seek medical attention urgently.

### Keep up to date

Keep a list of where you're up to with your work, and remember to update it regularly, especially if you're responsible for things that you normally just carry in your head or on your computer. Make sure one of your

colleagues or your manager knows where you keep this list. Include the names and phone numbers of key work contacts if you deal with out-of-house personnel. Knowing that you are organised and well prepared can help to reduce anxiety if you have to take time off work unexpectedly. It's also very important to make sure that your manager or a colleague has relevant contact numbers in case of an emergency.

### Top tips for a comfortable pregnancy at work

- Move around when you can (especially if your job involves a lot of sitting down).
- Sit down and put your feet up whenever you can (especially if your job involves a lot of standing up).
- Sit comfortably – make sure that your work station is comfortable, with plenty of room for your bump and clear of objects that you could trip over.
- Dress comfortably.
- Drink plenty of water. Don't cut back on fluid intake, even if you seem to be going to the loo a lot.
- Keep a supply of healthy snacks. They will help with morning sickness and boost your energy levels.
- Take breaks – even if your colleagues don't, it's important that you do.
- Tell your manager if you have any queries or problems.
- Relax – have a nap at work if you can, close your eyes or just chill out for five minutes.

# A working pregnancy timetable

It's a good idea to keep your manager informed about how your pregnancy is progressing and to let them know when you will need time off for antenatal appointments and classes.

Weeks	Physical changes	Reminders for employee
<p>First trimester</p> <p>Weeks 1 – 7</p>	<p>Your baby is developing fast so you may feel very tired in the first weeks</p> <p>You may have morning sickness</p> <p>You may have mood swings</p>	<p>Visit your GP/midwife to confirm pregnancy</p> <p>Collect form FW8 for free prescriptions and dental treatment</p> <p>Stop or cut down your alcohol intake to a safe limit. If you smoke, stop</p> <p>Rest whenever you need to</p> <p>Avoid contact with people known to have rubella (German measles)</p> <p>Start taking folic acid supplements if you haven't already</p> <p>Inform your employer as soon as possible, especially if you're worried about the safety aspects of your work on the pregnancy</p> <p>Check your contract of employment to see if your organisation offers additional maternity pay or leave</p>
<p>First trimester</p> <p>Weeks 8 – 12</p>	<p>Your blood vessels dilate, making you feel warmer</p> <p>You may become constipated as your digestive system slows</p>	<p>Ask for a seat on the bus or train, even if you don't look pregnant</p> <p>Eat plenty of fibre, drink plenty of water and keep a store of healthy snacks at work</p> <p>Have a check-up with the dentist and tell him or her that you're pregnant so that you don't have unsafe treatment</p>
<p>Second trimester</p> <p>Weeks 13 – 14</p>	<p>You may start to feel less sick and have more energy</p>	<p>Many women choose to inform their employer after the 12th week</p> <p>You will have your first 'booking' appointment (see page 13)</p> <p>Ask your GP/midwife for information about antenatal classes</p> <p>You may be offered tests to detect any abnormalities in the fetus at this stage</p> <p>Get into the habit of taking time to relax each day</p>

Second trimester Weeks 15 – 16	You will start to put on weight	Make sure your clothes, including your uniform if you wear one, fit your expanding size and wear a well-fitting bra
Second trimester Weeks 17 – 18	Your heart has increased output by 40 percent  Your gums may start to bleed a little	Eat regularly and ensure your diet is nutritious  See your dentist for a free check-up if you haven't already
Second trimester Week 19	You may have an ultrasound scan this week. This could happen any time between 18 and 22 weeks  If this is your second or subsequent baby, you may start to feel the baby move about now. First babies are usually felt later (20–22 weeks)	If you are off sick in weeks 19 to 26 of your pregnancy, and you don't receive full pay during this time, your Statutory Maternity Pay (SMP) may be reduced. If you only receive Statutory Sick Pay (SSP) during this time, you will not qualify for SMP, although you may qualify for Maternity Allowance. If you need to be off sick, you may be able to use annual leave to protect your entitlement to SMP
Second trimester Week 20	You probably look noticeably pregnant now	Ask your midwife about antenatal classes. They don't start until around week 32 but you will need to book up to make sure of getting a place  You will be given your MAT B1 around this time
Second trimester Week 21 – 25	You will start to put on weight more rapidly  You may feel more tired now and have backache, leg cramps and piles	To receive your full entitlement to benefits, you must inform your employer of your pregnancy by the end of the 15th week before the expected week of childbirth  You must also inform your employer when you intend to start maternity leave by the end of the 15th week before your expected week of childbirth  Get into the habit of taking time to relax each day  Partners should apply for paternity leave and pay if they are eligible by the end of the 15th week before the expected week of childbirth

Second trimester Week 26		Check if you can apply for Maternity Allowance if you are not eligible for Statutory Maternity Pay.
Third trimester Weeks 27 – 31	<p>You may have difficulty sleeping, and you're more likely to have backache, swollen ankles (due to the baby pressing down on veins) and a need to pee more often</p> <p>Most pregnant women feel quite well and energetic between 12 and 28 weeks, but after that tiredness becomes increasingly common, especially if you continue to work</p>	<p>Week 29 is the earliest you can start maternity leave</p> <p>Week 29 is the earliest you can receive Maternity Allowance or Statutory Maternity Pay (SMP), unless your baby is born early</p> <p>Give your manager or a colleague a list of emergency contacts</p> <p>Avoid lifting</p>
Third trimester Weeks 32		Antenatal classes usually start around now
Third trimester Weeks 33 – 36		<p>Fluid retention may increase.</p> <p>Avoid flying</p> <p>Prepare for your handover at work</p> <p>You must give your employer at least 28 days' notice of when you want to start your Statutory Maternity Pay (SMP). You can't change your mind about this date</p> <p>If you haven't already done so, find out about childcare options</p> <p>Pack your hospital bag</p> <p>If you are off sick for a pregnancy-related condition after the beginning of the fourth week before the expected week of childbirth, your employer can automatically start your maternity leave now.</p>
Third trimester Weeks 37 – 40		<p>If you are still working, take it easy.</p> <p>Make time for yourself</p>



# Chapter 5

## *having a healthy pregnancy*

---

Your employer has made your workplace safe. Now it's your turn! You don't have to stop having fun completely during your pregnancy but there are lots of simple things you can do to change your lifestyle to help you stay healthy – and it doesn't need to cost you much. This chapter covers some basic dos and don'ts that will make a big difference to your health and that of your growing baby.

### **Basic dos and don'ts**

#### **Stop smoking**

You may have been thinking about stopping smoking for a while, but now really is the time to do it. Smoking is harmful for your baby and can severely affect his or her growth and development in the womb, and health after birth. You are also more likely to have a miscarriage, stillbirth or to give birth prematurely if you are a smoker. It's not easy to give up, but keep thinking about all the benefits. Even if you're already well advanced in your pregnancy, giving up now will still make a difference. If you're planning to use nicotine replacement products, check with the pharmacist first, because not all products are safe to use during pregnancy.

Your baby faces danger from passive smoking as well. If your partner, other

family members or friends smoke, be firm about asking them not to smoke in your presence or to leave the room before they have a cigarette, and if you do find yourself in a smoky environment, open the windows if you can. The chart opposite offers some tips to help you quit smoking, and there are also several organisations that offer advice and support to help you give up (see page 60 for contact details).

#### **Stay away from street drugs**

Street drugs such as crack and cocaine can harm your baby's health, affect his or her growth, and cause developmental problems, miscarriage and premature birth. If you use addictive drugs, tell your GP or midwife as soon as possible so that they can provide the necessary support to help you come off drugs gradually and safely (see page 60 for organisations that can help). If you used illegal drugs before you became pregnant

(or are using them during pregnancy), tell your GP or midwife – the more your medical team knows about you and your medical history, the better they can care for you and your baby. Occasional use of illegal drugs before pregnancy is unlikely to have caused serious damage, but it's very important to stop even occasional use when you're pregnant – the consequences aren't worth it.

### **Be cautious about over-the-counter and prescription drugs**

Whenever you buy over-the-counter medicines, even if it's only pills for a headache, tell the pharmacist that you're pregnant. Not all medicines are suitable to take during pregnancy. If you were taking prescribed medication before you became pregnant, check with your GP that it's safe to continue taking it. If it isn't, your GP may

**Smoking is harmful for your unborn baby and can severely affect growth and development in the womb, and even health after birth.**

prescribe an alternative medicine. You shouldn't quit taking prescribed medicine either without asking your doctor. In some cases, the effects of stopping may be worse than the effects of taking it.

## **Ten top tips to help you quit smoking**

Chew sugarless gum at times when you would usually smoke. Nicotine gum is not usually recommended when you're pregnant, so talk to your GP about nicotine replacement therapy

Ask a friend to give up at the same time so you can offer each other support.

Take up some exercise (see page 48).

Think of your baby's health.

Accept that you'll be moody for a few days.

If you're worried about putting on weight, cut back on fatty and/or sugary foods, but don't start dieting. Keep a store of healthy snacks to nibble on, such as carrot sticks, apples, nuts (unless you or someone in your family has an allergy), dried fruit, crackers.

Take one day at a time.

Avoid alcohol.

Avoid places or activities that you associate with smoking.

## Avoid excessive alcohol

No alcohol equals no risk. If you have to drink, limit yourself to one or two units of alcohol a week. Visit [www.drinkaware.co.uk](http://www.drinkaware.co.uk) for up to date information on the number of units in different drinks. Remember that home measures are usually more generous than pub measures.

Excessive alcohol intake can harm the development of your unborn baby, so if you are finding it difficult to limit yourself, talk to your GP or midwife about it (see also page 60 for organisations that can help). There are lots of non-alcoholic drinks available, and you could try different fruit juices or cordials with sparkling water.

## Cut down on caffeine

You may be used to having a double espresso first thing in the morning and a cappuccino on your way to work, but caffeine is a stimulant, and drinking large amounts has been linked to miscarriage, premature birth and slow growth of the baby in the womb. You should limit your caffeine intake to no more than 200mg a day (roughly two mugs of instant coffee or two mugs of tea or five cans of cola). Caffeine also makes you more prone to mood swings and can keep you awake at night.

Try to limit yourself to one or two cups of coffee or tea a day, and remember that chocolate and many fizzy drinks contain caffeine too. Try shop-bought herbal teas or make your own, with hot water and a slice of ginger or a slice of lemon for example. If you make your own herbal drinks, check with a qualified herbalist, because not all herbs are safe to take during pregnancy.

## Get tested for sexually transmitted infections

Women are often routinely tested for some sexually transmitted infections (STIs) that could harm the baby. If you've had multiple

sexual partners and have not used condoms, tell your GP or midwife so that they can test you. If you do have a sexually transmitted infection, such as chlamydia or herpes, it can be treated, and when your baby is delivered he or she may also be given medication to prevent infection.

## If there's a possibility you have HIV, tell your midwife

HIV testing is a routine part of booking. You will be asked if the test can be done because it can only be done with your consent. If you suspect you may be HIV-positive, tell your GP or midwife. If you are HIV-positive you'll be treated to prevent transmission of the virus to your baby.

## Check complementary medicines

Certain massage and aromatherapy oils and herbal remedies should be avoided in pregnancy. If you do plan to use a complementary remedy, always check with a qualified practitioner before doing so, even if it's something you used before you were pregnant.

## Get some rest

Pregnancy is probably the worst time to tell someone to relax. You're working hard, getting everything ready for the baby, and maybe making the most of going out before babysitting becomes an issue, but rest is a key factor in maintaining your own health and that of your baby. Pregnancy is hard work for your body and your baby needs oxygen to develop and thrive. If you feel that your working hours are too long, discuss it with your doctor. He or she may recommend that you cut back your hours and give you a MED 3, which your employer must take into account in your risk assessment and subsequent reviews.



## What to eat

You are what you eat – and so is your baby! If you fill up on processed fatty foods you're missing out on the opportunity to give your baby essential vitamins and minerals needed for development. Eating a healthy diet will ensure that your growing baby is as healthy as possible, and it needn't cost you any more or take more time than opening and heating processed foods. You don't need to 'eat for two', in fact you don't need to increase your daily calorie intake until the third trimester and even then it only needs to go up by around 100–200 kcal a day. Make sure you eat enough of the right foods though (see the daily diet chart opposite).

### Basic food safety

To avoid picking up an infection from food:

- wash all fresh food well, even ready-prepared salads or vegetables
- wash your hands before touching food, especially if you have pets or cats
- make sure you heat food thoroughly before you eat it
- don't eat food that's past its 'use by' or 'eat by' date.

### Go easy

Cut back on foods high in fat (such as crisps), sweets, sugary foods, cakes, biscuits and processed foods. They contain lots of calories but few nutrients. Keep them for occasional treats.

### Supplements

If you're eating a well-balanced diet, you probably don't need any supplements (with the exception of folic acid). But if you exclude certain foods from your diet (for example, if you don't eat dairy products) you may need extra vitamins and minerals. Ask your GP or midwife for advice about which supplements to take – many are not suitable to take during pregnancy. Never exceed the recommended dose as it can be dangerous for your baby.

The Department of Health recommends taking 400 micrograms of folic acid a day to help prevent neural tube defects such as spina bifida. You may have started taking it before you conceived, but if you didn't, start taking it now and carry on until at least the 12th week of your pregnancy. Folic acid is needed for all cell growth, so it makes sense to continue it throughout pregnancy, although most people get an adequate supply in their normal diet.

### Vegetarians

If you're vegetarian or vegan there's a higher chance that you'll need to take supplements on top of your normal diet, so mention the fact that you're vegetarian to your GP when your pregnancy is confirmed. You should have your iron tested, and eat lots of vegetables with a high iron content, such as spinach.

Vegans will either need to add eggs and milk to their diet while they're pregnant and breastfeeding or take vitamin B12 supplements. This vitamin is essential for your baby's growth and development and is only found in animal products. Some vegetarians may also need to take vitamin B12 supplements.

### Too tired to cook

If you find you're too tired to make a meal every evening, make a big batch of soup. It doesn't need to be something complicated, simply cook lots of vegetables with some stock and whizz them up in a blender or food processor. You can keep it in the fridge and have a bowlful each night with some wholemeal bread and cheese.

A meal such as pasta with grilled chicken or fish and a salad probably won't take much longer to prepare than the time it takes to heat up a pre-packaged meal, and it will almost certainly be lower in calories and salt. If you have a freezer, why not make two or three times the usual quantity if you're cooking a casserole or pasta sauce, for

example, and freeze the extra portions? If you take them out of the freezer before you go to work in the morning they'll be ready to heat up when you get home in the evening.

## Weight gain

Try not to worry about weight gain. All pregnant women put on weight, and some women put on more than others. As long as you're eating a varied, balanced diet you shouldn't worry about the extra pounds – and this is definitely not the time to diet. As a rough guide, you should expect to gain a total of about 9-13.5kgs (20-30lbs). However, if you're pregnant with twins or more, you should expect your weight gain to be quite a lot higher than this.

## Snacking

You may find you're eating more snacks than before you were pregnant, so try and stick to healthy foods rather than sweets, crisps or biscuits. If you normally have lunch at work and there aren't any healthy options in the canteen or local café, take a packed lunch. It will not only be healthier but probably cheaper too. It needn't be a sandwich every day – you could try something different such as a bagel with a filling such as cottage cheese, or pasta, rice or couscous salad with tofu. Prepare it the night before to avoid having to rush around in the morning.

Try the following snacks:

- carrot sticks
- sunflower seeds
- low-fat yoghurts
- oatcakes or ricecakes
- fresh fruit
- dried fruit, such as raisins, apricots and dates
- nuts (unless you or someone in your or your partner's family has an allergy)
- homemade popcorn (without the sugar or salt).

## Foods to avoid

**Unpasteurised goats', cows' and sheep milk and products made from it such as cheese** Risk of toxoplasmosis – a tiny parasite that lives in raw meat and cat poo and can harm the unborn baby

**Mould-ripened cheeses such as brie and camembert (cottage and curd cheese are OK) and blue-veined cheeses such as Danish Blue or Stilton** Risk of salmonella

**Pâtés – all types, including vegetable pâtés** Can contain listeria

**Liver and liver products** Contains too much vitamin A – high levels of this can harm the baby

**Raw and undercooked eggs (cook eggs until both the white and yolk are solid) – watch out for raw eggs in mousses and cheesecakes** Risk of food poisoning

**Raw or undercooked meat** Risk of toxoplasmosis

**Peanuts (including peanut butter) if you or someone in your family is prone to allergies** This could reduce the chances of your baby suffering a nut allergy

**Raw fish or shellfish** Risk of food poisoning

**Shark, marlin and swordfish; more than two fresh tuna steaks or four medium tins of tinned tuna a week; ore than two portions of oily fish a week (fresh tuna, mackerel, sardines or trout)** Avoid the first three completely due to high mercury content. At high levels mercury can harm the developing baby's nervous system. Too much tinned tuna or oily fish can also be dangerous because of the levels of mercury in these fish.

## Your daily diet

Food type	Good sources	What amount should I eat?	Why is this food type important?
Protein	Chicken, red meat, fish	2–3 portions (one portion is around 50–75g of meat, poultry or fish)	Protein is vital for your baby's growth as it builds new tissue for bones, muscles and organs
Dairy products	Milk, cheese and yoghurt	1–2 portions (one portion is around 300ml of milk or 30g of cheese)	Dairy products provide calcium and vitamin D – essential for strong bones and teeth
Carbohydrates	Wholegrain bread, pasta, potatoes, rice, breakfast cereals	5–10 portions (one portion is around half a cup of cooked pasta or one slice of bread)	Carbohydrates are packed with energy and provide fibre, vitamins and minerals
Fruit and vegetables	Eat a combination of differently coloured fruit and vegetables. Every pigment has different nutrients, each key to your baby's development	5–10 portions (one portion is half a cup of cooked vegetables or roughly a palm-sized portion of fruit)	Fruit and vegetables provide essential vitamins, minerals and fibre
Fluids	Plain water and fruit juice	2 litres	Fluids keep you hydrated and help avoid constipation, which is a common complaint during pregnancy

### A note about allergies

If you or someone in your family has an allergic condition, including asthma, eczema, hay fever or allergies to foods such as peanuts, seafood or dairy products, avoid those foods known to trigger the allergy while you're pregnant and breastfeeding to reduce the risk of your baby developing the allergy.

## Keeping fit

Carrying a growing baby around for nine months is hard work. Giving birth is even harder. The fitter you are, the better it will be for you and your baby. You'll feel livelier and you'll recover more quickly after the birth. If you haven't been doing very much exercise, now is a good time to start. But it's not the time to start jogging or a heavy exercise regime if you're not used to it. If you already exercise regularly, keep it up, but don't expect to maintain your pre-pregnancy level of fitness. You'll need to adapt some exercises for your own health and that of your baby. Opt for low-impact activities that don't put too much pressure on your joints. If you go to exercise classes, tell your instructor that you're pregnant and ask for alternative exercises as appropriate.

## Benefits

### Exercise

- helps you stay in control! For nine months, your body will be going through some major changes, which can feel quite alarming. Exercising regularly will help you feel more in control of your body and better about yourself.
- increases your strength and stamina by working your heart and lungs. The increased oxygen flow is passed on to your baby.
- makes you feel good! When you exercise, the body releases hormones that make you feel more positive and better about yourself. The growing baby feels the benefit of them too.

---

Exercises increases your strength by working your heart and lungs. The increased oxygen flow is passed on to your baby.

---

- makes you sleep better. Disturbed sleep patterns are a common pregnancy complaint.
- improves your circulation. Good circulation helps to avoid uncomfortable but common pregnancy complaints such as cramp, piles, constipation and swelling of ankles, hands and feet.

## Check it out

At the beginning of each trimester check with your GP or midwife that your exercise plan is safe for your pregnancy, even if you exercised before pregnancy. Always listen to your body. If it feels uncomfortable, stop. Whatever exercise you're doing, you should be able to continue talking while doing it. If you can't, slow down.

## Make it routine

Fitting exercise into a busy working day is not always easy, especially if you already have other children to look after. But there are ways to make exercise part of your weekly routine without creating pressure for yourself. Swimming and yoga are excellent ways of improving your stamina and toning your body during pregnancy.

Try to find an aqua aerobics or antenatal yoga class. You can also do yoga at home, and there are lots of books and videos available, but make sure you choose one that is designed for pregnancy. Aim to do about 30 minutes of exercise three times a week. For example, a simple routine could consist of walking briskly to work one morning, going for a walk during a lunch break and swimming on your day off.

## Make it fun

Make your exercise plan as enjoyable as possible. If you hate swimming, choose something else! That way you're more likely to carry on with it. After a day at work you may feel too tired to exercise, especially if you have a family to look after. Don't worry about it. Instead of trying to fit exercise into your evening, consider getting up half an

hour early. You could march up and down on the spot or do some gentle stretches before you go to work.

## Exercise at work

You can exercise when you're at work as well, without having to put on a leotard and jump up and down in front of your workmates! Get off the bus or train one stop early or park further away from your office, and walk the extra distance. Walk up the stairs instead of taking a lift or escalator. Try the following stretches, making sure you hold your stomach muscles in to protect your lower back and keep your back straight.

- Slowly roll your neck one way and then the other. Slowly lower your head to your chest and then back. Breathe deeply.
- Bend and stretch each foot up and down 30 times. Circle each ankle one way and then the other, eight times each way.
- Reach forward from your middle and stretch your whole back.
- Standing or sitting, gently tighten your abdominal muscles. You may feel the baby lift!
- Gently twist your waist from side to side, looking over one shoulder and then the other.

## Pelvic floor exercises

Since you've become pregnant, you may have heard of your pelvic floor. You may also have been wondering what this is! Your pelvic floor is like a sling of muscles supporting your womb, bladder and lower bowel. During pregnancy and birth, the muscles become stretched, so it's very important to exercise them as often as possible.

Pelvic lifts may not feel like much but they'll help stop you from peeing when you laugh, sneeze or cough, which is known as 'stress incontinence' and happens to a lot of women after their baby is born. A strong pelvic floor can also improve your sex life. To

---

The fitter you are, the better it will be for you and your baby. **You'll feel livelier and you'll recover faster after the birth.**

---

find your pelvic floor muscles, try to hold the flow mid-stream when you have a pee. (Don't repeat this again though, as it can cause a bladder infection.) The muscles you use are your pelvic floor muscles. Now you know what the muscles feel like, lift them up, hold for a count of five and repeat five times, more if possible! Do these whenever and wherever you can – nobody will know you're doing them.

## Exercises to avoid

You should avoid exercises that involve lying flat on your back.

You should avoid contact sports where there is a risk of being hit in the stomach, such as kickboxing, judo or squash.

You should take particular care when doing exercises where there is a possibility of falling, such as horse riding, downhill skiing, ice hockey, gymnastics and cycling. Because your joints are less stable, your centre of gravity is altered (the bump tends to overbalance you), and your reactions are slower.

You should avoid scuba diving for the whole pregnancy because the baby has no protection against decompression sickness.

You should avoid exercising over 2,500 metres until you have acclimatised.

## Take care

Whenever you exercise, start with a gentle warm up and end with a cool down to prevent injury. When you're pregnant, your body releases hormones that make your joints more vulnerable to injury, so make sure you don't overstretch. Avoid lying on your back, especially after 16 weeks, as it can reduce the blood flow around your body and make you feel dizzy.

Stop exercising immediately if you experience:

- any bleeding
- back or abdominal cramps
- breathlessness or dizziness.

And if you do experience any of the above symptoms, go and see your GP or midwife as soon as you possibly can.

## Tips for exercise

- Eat a light meal or snack at least an hour before exercising. Don't exercise on an empty or full stomach.
- Keep cool by drinking plenty of water during and after exercise.
- Wear loose, comfortable clothes, a supportive bra and well-fitting trainers.
- Listen to your body. If it feels uncomfortable, stop.
- Enjoy!

## Lifting and posture

As your body shape changes and pregnancy hormones soften and loosen your ligaments, it's important to protect your spine and back. Good posture, safe lifting and bending techniques will help. Many sports centres run antenatal yoga or Pilates classes that can help to correct your posture.

### Stay tall

You may be tempted to lean back when you're standing up to compensate for your bump, but it will only cause more problems. Stand tall with your weight evenly distributed over your feet. Relax your arms by your side. Tilt your pelvis forward. Try not to arch your spine but lift your torso upwards. Tighten your stomach muscles to protect your lower back. Wearing low-heeled, comfortable shoes will help. Even if you're sitting at a computer all day, sit well without slouching. Use your stomach muscles to keep your back straight.

### Squats and lifting

Squatting protects your back and strengthens your legs. Practise squatting when you pick something up or reach down to a low shelf. Keep your feet shoulder-width apart, your back straight and your heels on the floor if you can (but don't risk falling). It's impossible to avoid all lifting during pregnancy, but there is a right way to do it! Whether it's a toddler or a file at work, squat so that you're level with whatever you are about to lift; lift with both hands, holding the object (or toddler) close to your body. Stand up slowly, and make sure the surface isn't slippery. Use your legs to lift, not your back.



## Dealing with stress

The Health and Safety Executive (HSE) has defined stress as: 'the adverse reaction people have to excessive pressure or other types of demand placed on them'. Pressure isn't necessarily a bad thing and some women thrive on being busy and under pressure, but if you feel that you're under excessive pressure it can make you ill and affect your baby.

It's impossible to avoid stress completely, and it would be stressful to try! But you can minimise the impact of stress by resting and relaxing as much as possible. There's no problem if you feel happy with the level of stress in your life. Just make sure you take enough time for you and the baby to be quiet and relaxed. Unwanted stress can lead to high blood pressure, increased risk of miscarriage, premature birth and low birthweight, affecting the health and development of your baby both inside the womb and after he or she is born.

Just as your baby is affected by your physical wellbeing, so he or she is affected by your state of mind. Studies have shown that when a woman is stressed, hormones pass across the placenta and the baby's heartbeat increases – your baby feels what you feel, and it can dramatically affect his or her development and health.

### Relaxation at work

You may feel that work and relaxation don't go together, but for ten minutes a day, try and forget about everything. Let all the pressures float away. If they're important, they'll still be there in ten minutes, but they may not seem quite so urgent and you may be able to deal with them more calmly and logically. Take time for yourself and your baby to be together.

### Let it go!

Every day at work there'll be things that niggle or upset you. Instead of letting a

---

## You can minimise the impact of stress by resting and relaxing as much as possible.

---

customer's comments or a colleague's behaviour irk you, think of something more important and far more exciting – your baby. If the day starts badly and you miss the bus – don't worry, there'll be another one along soon. If someone at work makes you feel that you're not pulling your weight, ignore it. You know you're doing what's best for you and your baby, and that's your main priority.

### Imagine...

If you feel tense and anxious, it can help to visualise yourself somewhere quiet and calm that feels comfortable for you, where your worries can float away for a few minutes.

Find a quiet place if possible. Sit comfortably, with your back straight, and close your eyes. Imagine you're sitting on a bed of soft, dry grass. Hear the sound of a gently flowing river. The sun feels warm on your body.

A gentle breeze is blowing. Let yourself go to this quiet, gentle place. Rest there. Let thoughts come into your mind and let them be carried away by the gentle breeze. Breathe deeply and slowly. Every time your mind is drawn back to your worries or stresses, take yourself back to the grass, the river and trees.

### Relaxing at home

At the end of the day, or even at the beginning of the day before you go to work, take ten minutes for yourself. Don't rush your breakfast. Sit down and enjoy it. Give

yourself and your growing baby time to sit still and be calm. Even if you're on the bus, you've got a long day ahead of you or there's a pile of ironing waiting for you at home, close your eyes and be aware of your baby. Now is the time to prioritise. Don't add to your workload at home. Do you really need to redecorate the kitchen now or can it wait? If you normally have a hectic social life, think about slowing it down a bit. Try to limit the number of evenings out you have, and go to bed early when you need to.

## Look after yourself

Make sure you eat healthily (see page 44). Replace coffee or tea, which contain the stimulant caffeine, with herbal tea such as camomile, and avoid sugary foods that give you a short-lived energy boost but provide empty calories without nutrition. Exercise (see page 48) is a great way to release physical tension. Swimming and yoga are both ideal forms of exercise when you're pregnant. Meditation is another excellent way to rest both your mind and body, and let go of anxiety and stress. There are lots of books available on meditation, or you could find out if there are any meditation classes in your area. Try your local library or the internet for information, or give your local further education college a call and ask them to send you a prospectus.

## Put yourself first

Switch off with a warm bubble bath, some candles and calming music. Shut the door, let the phone ring and ask your partner to deal with the kids and the housework. Or treat yourself to a massage, but be sure to tell the masseuse that you're pregnant if it's not obvious! Take your mind off any anxieties by watching a video. Ask your partner to cook or treat yourself to a takeaway – one that's relatively healthy! Talk to a friend on the phone, or meet for a meal. Sharing your worries often makes them seem less urgent and important.

## Top relaxation tips

- Have a massage – yes, even at work! If there's a colleague you feel comfortable with, ask him or her to massage your shoulders.
- If you have somewhere to put them, buy a bunch of flowers or a plant to brighten up your workplace.
- Treat yourself – if things are getting you down, do something just for you that's nothing to do with work or your partner. Instead of rushing home from work, stop off on the way and meet a friend for a chat or go to see an early evening film, or buy a CD or a new lipstick to cheer yourself up. Your anxieties won't magically disappear, but you may feel a bit more special and a little less overwhelmed by any problems.
- Take a walk in your break. A gentle ten-minute stroll will give you fresh air or, if your office leads on to a busy road, it will at least give you a change of scene. It's a chance to stretch your legs and escape from the noise or stuffiness of the office or factory.
- Slow your body and mind down by deep breathing. Take a breath and focus on that breath. If you find all your worries and anxieties crowding into your mind, fighting for attention, let them come and pass, then focus back on your breath when you're ready.
- Smile! Smiling or laughing is a great way to release tension.





# Chapter 6

## *planning ahead*

---

You probably feel that you have more than enough to cope with at the moment, but soon your baby will be born and it will help if you can find time now to start organising a few things for after the birth. Knowing that you've arranged some of the essentials should help to give you peace of mind and allow you to concentrate on your baby when he or she is born.

### **Before maternity leave**

- Check that your employer knows when you intend to start your maternity leave and maternity pay, and that you've filled in any necessary forms for Maternity Allowance (MA).
- Fill in the forms for any tax credits or benefits that you may be entitled to.
- Make arrangements with your manager or a colleague for a handover at work.
- If you have other children, arrange care for them for when you have the baby.
- Make sure your partner, a friend or family member knows when and where each of your children needs to be picked up.
- Plan how you will get to hospital. If you plan to go by car, keep it full of fuel.

### **During maternity leave**

#### **Keeping-in-touch days**

Keeping-in-touch days are designed as a positive way to keep in contact with your

work during your maternity leave. You and your line manager can agree that you can work for your employer for up to a total of ten days during your leave. Keeping-in-touch days may be paid as basic pay, and your entitlements to maternity leave and pay are not affected. Your employer is under no obligation to offer you keeping-in-touch days, and if you are unable, or decline the opportunity, to work any of the keeping-in-touch days you are fully entitled to do so, without suffering any detriment.

### **After maternity leave**

#### **Planning to breastfeed**

Breastfeeding is the best and cheapest way to feed your new baby. If you choose to breastfeed, your midwife and health visitor can give you advice

If you're still breastfeeding when you return to work, you need to let your manager know in advance in writing. They will then be prepared for any adjustments that need to

---

## If you're considering a change to your working hours, apply in advance if you possibly can.

---

be made on your return to work. They should review your risk assessment to take it into account. If you decide to express milk while you're at work, you'll need a quiet, private place to sit and a fridge to store the milk. Buy a feeding bra and breast pads to avoid having embarrassing leaks!

### Balancing work and childcare

If you're considering a change to your working hours, apply in advance if you possibly can, as changes will affect your childcare plans. It may seem early to be thinking about childcare, but it makes sense to start now.

There are a number of different options, but the type of care you choose will probably depend on the availability and cost. Certain tax credits towards childcare only apply if the childcare is registered – so you cannot claim tax credits towards a grandparent looking after your baby (unless the grandparent is a registered childminder).

There are various issues to consider. For example, how easy will it be to drop off and collect your baby, and how long will you need to settle him or her into the new

environment? You need to feel confident about who is looking after your baby while you're at work. Don't be embarrassed about asking questions, follow up references and if it makes you feel more comfortable, ask someone back for a second interview or visit the nursery a second time.

### Getting back in shape

After your six-week check-up with your GP you can start thinking about getting back in shape. Find out if your local leisure centre has any postnatal exercise classes. Yoga and swimming are great ways to get back in shape and many sports centres and health clubs have a crèche where you can leave your baby. Pushing your baby around the park will not only get him or her to sleep but will also give you some exercise.

If you're breastfeeding, you need to keep your energy up so this is not the time to start dieting. Combine a healthy, balanced eating plan with regular exercise, and you should soon be back in shape.

### Using your support network

New babies are extremely hard work! Even though they may only seem to sleep, cry, eat and poo, you'll find the days rush by in a cloud of nappies, feeds, changes of clothes and cooing over your baby! Many women feel exhausted after the birth, especially if they had a long labour. If you had a caesarean section, you'll need help with lifting and carrying, and you can't drive for six weeks. It can be particularly hard to manage if you have other children to look

'It was much harder to find the kind of childcare I wanted for my baby than I thought it would be. My mum was a great help and she looked after Ellie whenever she could, but I didn't think it was fair to rely on her all the time. After a while I managed to find a great childminder who's registered, which means I can claim some tax credits towards Ellie's care. I really miss Ellie during the day, but I enjoy my work and I didn't want to give it up. The best bit of the day is definitely when I collect her.'

*Personal Assistant, construction company*

after as well, so ask friends and family for as much support as you need. Asking for help doesn't mean that you can't cope – it simply means you're making life easier for yourself while you get over the birth.

## Baby blues

Lots of women experience a case of the 'baby blues' soon after giving birth. Your hormones are all over the place; you're tired, you have a demanding baby. Perhaps it feels like a bit of an anti-climax after nine long months of pregnancy. It often takes time for a mother to bond with her baby, and perhaps you're finding it harder than you imagined you would. The responsibility of caring for a baby, especially if it's your first, can seem overwhelming. Don't feel you have to keep up appearances – let your partner, midwife, health visitor or friends know how you feel. Talking about things will help to keep them in perspective. Your feelings are natural and will probably pass in a few days.

## Postnatal depression

If you still feel very low after a couple of weeks, tell your GP or health visitor, as you may have postnatal depression. If you are, your GP may recommend counselling or may prescribe antidepressants to treat it. There are several organisations that can offer you support and advice (see page 62 for contact details). If you have postnatal depression you may not feel ready to return to work at the time you intended. If it continues beyond the end of your maternity leave, discuss the situation with your GP.

## New feelings

A new baby changes everything! You may have felt certain before the baby was born that you didn't want to go back to work. Or you may have been sure that you definitely wanted to return to work full time.

Now, you may decide that staying at home isn't for you and you do want to go back to work after all, or that you want to reduce

your working hours rather than working full time. Each woman is different and what's best for you is usually best for your baby. Let your colleagues or manager know how you're getting on. Regular communication while you're on maternity leave will help make your return to work as smooth as possible.



# Useful organisations

## Antenatal organisations

### Independent Midwives Association

PO Box 539, Abingdon OX14 9DF

Tel: 0845 460 0105

Email:

[information@independentmidwives.org.uk](mailto:information@independentmidwives.org.uk)

[www.independentmidwives.org.uk](http://www.independentmidwives.org.uk)

### National Childbirth Trust

Organises antenatal classes and offers support after the baby is born.

Tel: 0300 00 770

Alexandra House, Oldham Terrace, London W3 6NH

[www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

### NHS Direct (24-hour health advice)

Advice and health information service staffed by nurses and professional advisors.

Tel: 0845 4647

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### Bounty

Pregnancy advice and calendar.

[www.bounty.co.uk](http://www.bounty.co.uk)

### Dr Foster

Information on hospitals and care available in your area.

[www.drfooster.co.uk](http://www.drfooster.co.uk)

### i-village

Pregnancy advice.

[www.ivillage.co.uk](http://www.ivillage.co.uk)

## Drink, drugs and smoking helplines

### Action on Smoking and Health (ASH)

First floor, 144-145 Shoreditch High Street, London E1 6JE

Tel: 020 7739 5902

Email: [enquiries@ash.org.uk](mailto:enquiries@ash.org.uk)

[www.ash.org.uk](http://www.ash.org.uk)

### Alcohol Know Your Limits

<http://units.nhs.uk>

### Alcohol Concern

64 Leman Street, London E1 8EU

Tel: 020 7264 0510

Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### Drinkline

Tel: 0800 876 6778

### National Drugs Helpline

Tel: 0800 776 600

Email: [Email@frank@talktofrank.com](mailto:Email@frank@talktofrank.com)

[www.talktofrank.com](http://www.talktofrank.com)

### NHS Choices

Advice and health information

[www.nhs.uk](http://www.nhs.uk)

### NHS Pregnancy Smoking Helpline

Tel: 0800 169 9169

(Open 12noon-9pm every day)

Answerphone out-of-hours, call back

service offered  
[www.gosmokefree.co.uk/whygosomefree/smokingpregnancy/](http://www.gosmokefree.co.uk/whygosomefree/smokingpregnancy/)

## NHS Smoking Helpline

Tel: 0800 169 0169

(Open 7am-11pm every day. Senior advisors available 10am-11pm.) Answerphone out-of-hours.

[www.gosmokefree.co.uk](http://www.gosmokefree.co.uk)

## QUITLINE

Tel: 0800 002 200

Email: [stopsmoking@quit.org.uk](mailto:stopsmoking@quit.org.uk)

[www.quit.org.uk](http://www.quit.org.uk)

## Maternity law, rights, and health and safety issues at work

### Acas (Advisory, Conciliation and Arbitration Service)

ACAS Head Office, Brandon House,  
180 Borough High Street, London SE1 1LW  
Tel: 08457 474 747 (helpline)  
[www.acas.org.uk](http://www.acas.org.uk)

### Chartered Institute of Personnel and Development (CIPD)

151 The Broadway, London SW19 1JQ  
Tel: 020 8612 6200  
[www.cipd.co.uk](http://www.cipd.co.uk)

### Child Benefit Office

[www.hmrc.gov.uk/childbenefit/](http://www.hmrc.gov.uk/childbenefit/)

### Citizens Advice Bureau

[www.citizensadvice.org.uk/](http://www.citizensadvice.org.uk/)

### Department for Work and Pensions

For employees claiming social security.

[www.dwp.gov.uk](http://www.dwp.gov.uk)

### Department for Business, Enterprise and Regulatory Reform

Guidance on laws for working parents, including maternity, paternity and parental

leave and the right to request flexible working hours.

[www.berr.gov.uk/whatwedo/employment/workandfamilies/index.html](http://www.berr.gov.uk/whatwedo/employment/workandfamilies/index.html)

### Directgov

Advice and guidance on employment rights for pregnant women

[www.direct.gov.uk/en/parents/index.htm](http://www.direct.gov.uk/en/parents/index.htm)

### Employment Tribunals Service

Tel: 0845 795 9775

[www.employmenttribunals.gov.uk](http://www.employmenttribunals.gov.uk)

### Equality and Human Rights Commission

Advice for anyone who feels they have been treated unfairly because of their sex or race. Also advises employers on good practice.

Arndale House, Arndale Centre, Manchester M4 3EQ

Tel: 0845 604 6610 (England)

0845 604 8810 (Wales)

0845 604 5510 (Scotland)

Email: [info@equalityhumanrights.com](mailto:info@equalityhumanrights.com)

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

### Health and Safety Executive

Rose Court, 2 Southwark Bridge, London SE1 9HS

Tel: 0845 345 0055

Email: [hse.infoline@natbrit.com](mailto:hse.infoline@natbrit.com)

[www.hse.gov.uk/mothers](http://www.hse.gov.uk/mothers)

### HM Revenue and Customs

[www.hmrc.gov.uk](http://www.hmrc.gov.uk)

### Law Centre

Provides independent legal advice and representation.

239-299 Kentish Town Road, London NW5 2TJ

Email: [info@lawcentres.org.uk](mailto:info@lawcentres.org.uk)

[www.lawcentres.org.uk/lawcentres/](http://www.lawcentres.org.uk/lawcentres/)

## Low Pay Commission

1st Floor, Kingsgate House,  
66-74 Victoria Street, London SW1E 6SW  
Tel: 020 7215 8459  
Email: [lpc@lowpay.gov.uk](mailto:lpc@lowpay.gov.uk)  
[www.lowpay.gov.uk/](http://www.lowpay.gov.uk/)

## Employment rights advice

### Tax Credits Helpline

For information on tax credits such as  
Working Tax Credit and Child Tax Credit.  
Tel: 0845 300 3900

### TUC Know Your Rights Line

Tel: 0870 600 4882  
[www.tuc.org/tuc/rights-main.cfm](http://www.tuc.org/tuc/rights-main.cfm)

## Miscarriage, pregnancy, loss or bereavement

### Child Bereavement Charity

Provides support and counselling for  
grieving families.

Aston House, Wycombe, Bucks HP14 3AG  
Tel: 01494 446 648  
Email: [enquiries@childbereavement.org.uk](mailto:enquiries@childbereavement.org.uk)  
[www.childbereavement.org.uk](http://www.childbereavement.org.uk)

### Miscarriage Association

Provides information and support for people  
affected by pregnancy loss.

c/o Clayton Hospital, Northgate, Wakefield  
WF1 3JS  
Tel: 01924 200 799 (helpline)  
Email: [info@miscarriageassociates.org.uk](mailto:info@miscarriageassociates.org.uk)  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

### SCIM (Scottish Care and Information on Miscarriage)

Provides guidance and information on  
miscarriage and related issues.

285 High Street, Glasgow G4 0QS  
Tel: 0141 552 5070

Email: [miscarriagescotland@hotmail.com](mailto:miscarriagescotland@hotmail.com)  
[www.miscarriagesupport.org.uk](http://www.miscarriagesupport.org.uk)

## Stillbirth and Neonatal Death Society (SANDS)

Support network of self-help groups for  
bereaved parents and families affected by  
the death of a baby at or soon after birth.

28 Portland Place, London W1B 1LY  
Tel: 020 7436 5881 (helpline)  
Email: [helpline@uk-sands.org](mailto:helpline@uk-sands.org)  
[www.uk-sands.org](http://www.uk-sands.org)

## Parent support

### Gingerbread/National Council for One Parent Families

255 Kentish Town Road, London NW5 2LX  
Tel: 0800 018 5026/0808 801 0323 (Scottish  
helpline)  
Email: [info@oneparentfamilies.co.uk](mailto:info@oneparentfamilies.co.uk)  
[www.oneparentfamilies.org.uk](http://www.oneparentfamilies.org.uk)

## Post-pregnancy support

### Association for Post-Natal Illness

Offers advice and support to women with  
postnatal depression.

145 Dawes Road, Fulham, London SW6 7EB  
Tel: 020 7386 0868  
[www.apni.org](http://www.apni.org)

### Association of Breastfeeding Mothers

PO Box 207, Bridgwater, Somerset TA6 7YT  
Tel: 08444 122 949  
Email: [counselling@abm.me.uk](mailto:counselling@abm.me.uk)  
[www.abm.me.uk](http://www.abm.me.uk)

### Childcare Link

Freephone helpline for childcare  
information.

Tel: 0800 234 6346  
[www.childcarelink.gov.uk](http://www.childcarelink.gov.uk)  
[www.scottishchildcare.gov.uk](http://www.scottishchildcare.gov.uk) (for Scotland)

## Daycare Trust

Provides parents with enough information to make the right childcare choice.

21 St Georges Road, London SE1 6ES  
Tel: 0845 872 6251 (childcare helpline)  
Email: [info@daycaretrust.org.uk](mailto:info@daycaretrust.org.uk)  
[www.daycaretrust.org.uk](http://www.daycaretrust.org.uk)

## La Leche League (Great Britain)

Help and information for mums who want to breastfeed.

PO Box 29, West Bridgford, Nottingham NG2 7NP  
Tel: 0845 120 2918 (breastfeeding helpline)  
[www.laleche.org.uk](http://www.laleche.org.uk)

## Meet a Mum Association

Help for new mums, especially those with postnatal depression.

54 Lillington Road, Radstock BA3 3NR  
Tel: 0845 120 3746  
[www.mama.co.uk](http://www.mama.co.uk)

## Twins and Multiple Births Association (TAMBA)

2 The Willows, Gardner Road, Guildford, Surrey GU1 4PG  
Tel: 0800 138 0509  
Email: [asktwinline@tamba.org.uk](mailto:asktwinline@tamba.org.uk)  
[www.tamba.org.uk](http://www.tamba.org.uk)

## Premature babies

### Bliss

Helpline for babies in special care.

9 Holyrood Street,  
London Bridge, London SE1 2EL  
Tel: 0500 618 140  
Email: [information@bliss.org.uk](mailto:information@bliss.org.uk)  
[www.bliss.org.uk](http://www.bliss.org.uk)

### Tommy's

Provides information and support to mums-to-be and their families about the best ways

to have a healthy pregnancy and a healthy baby. Also funds medical research into miscarriage, stillbirth and premature birth.

Nicholas House, 3 Laurence Pountney Hill,  
London EC4R 0BB  
Tel: 08707 77 30 60 (pregnancy information line)  
Email: [mailbox@tommys.org](mailto:mailbox@tommys.org)  
[www.tommys.org](http://www.tommys.org)

## Specific conditions and birth defects

### Antenatal Results and Choices (ARC)

Offers support and information to parents throughout the antenatal testing process.

73 Charlotte Street, London W1T 4PN  
Tel: 020 7631 0285 (helpline)  
Email: [info@arc-uk.org](mailto:info@arc-uk.org)  
[www.arc-uk.org](http://www.arc-uk.org)

### ASBAH (Association for Spina Bifida and Hydrocephalus)

Offers support to people with these disabilities, their families and carers, through a network of professional advisors.

42 Park Road, Peterborough PE1 2UQ  
Tel: 0845 450 7755  
Email: [helpline@asbah.org](mailto:helpline@asbah.org)  
[www.asbah.org](http://www.asbah.org)

### Newlife Foundation for Disabled Children

Support service for families affected by birth defects (syndromes, diseases, disorders and malformations that occur before birth).

Newlife Centre, Hemlock Way, Cannock, WS11 7GF  
Tel: 0800 902 0095 (nurse service)  
Email: [info@newlifecharity.co.uk](mailto:info@newlifecharity.co.uk)  
[www.newlifecharity.co.uk](http://www.newlifecharity.co.uk)

## **Down's Syndrome Association**

Supports people with Down's syndrome, their families and carers.

Langdon Down Centre, 2a Langdon Park,  
Teddington TW11 9PS

Tel: 0845 230 0372

Email: [info@downs-syndrome.org.uk](mailto:info@downs-syndrome.org.uk)

[www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

## **SENSE (National Deafblind and Rubella Association)**

Organisation for people who are deafblind or have associated disabilities.

101 Pentonville Road, London N1 9LG

Tel: 0845 127 0060

Email: [info@sense.org.uk](mailto:info@sense.org.uk)

[www.sense.org.uk](http://www.sense.org.uk)

## **Specific health issues in pregnancy**

### **Action on Pre-eclampsia (APEC)**

Information and support for women at risk of, or affected by, pre-eclampsia.

2c The Halcroft, Syston LE7 1LD

Tel: 020 8863 3271

[www.apec.org.uk](http://www.apec.org.uk)

### **Diabetes UK**

Macleod House, 10 Parkway, London  
NW1 7AA

Tel: 020 7424 1000

Careline: 0845 120 2960

Email: [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Ectopic Pregnancy Trust**

Provides support and information for women and their families whose lives have been affected by an ectopic pregnancy.

c/o 2nd floor, Golden Jubilee Wing, King's  
College Hospital, Denmark Hill,  
London SE5 9RS

Tel: 020 7733 2653 (helpline)

Email: [ept@ectopic.org.uk](mailto:ept@ectopic.org.uk)

[www.ectopic.org.uk](http://www.ectopic.org.uk)

### **Obstetric Cholestasis Trust**

Offers information for women who have had obstetric cholestasis.

Tel: 0121 353 0699

## **Work/life balance**

### **Working Families**

1-3 Berry Street, London EC1V 0AA

Tel: 0800 013 0313

Email: [office@workingfamilies.org.uk](mailto:office@workingfamilies.org.uk)

[www.workingfamilies.org.uk](http://www.workingfamilies.org.uk)

# Glossary

**Additional maternity leave (AML)** An additional 26-week period of leave that follows on from ordinary maternity leave.

**Antenatal** Before the birth.

**Condensed working** When an employee works a longer day or days in return for an agreed period of time off.

**Control of Substances Hazardous to Health (COSHH)** The regulations regarding the use of hazardous chemicals and substances in the workplace.

**Discrimination** Unfair treatment of a person.

**Employee** A person working for a organisation under a contract of employment.

**Flexitime** When an employee chooses her own working hours within a fixed period.

**Flexible working** A way of working that fits in with an individual's needs and commitments.

**Hazard** Anything that may cause harm, from electricity to lifting boxes.

**Health and Safety Executive (HSE)** Government agency responsible for health and safety aspects of work.

**Human Resources (HR)** The department responsible for personnel issues.

**Job share** When two or more people share the same full-time job.

**MAT B1** Your maternity certificate from your midwife or doctor.

**Maternity Allowance** Maternity pay paid by Jobcentre Plus if you are not eligible for Statutory Maternity Pay.

**MED 3** Normal sick certificate used for absences from work, which can be used by your GP to outline any medical issues affecting you during pregnancy that your employer must take into account.

**Miscarriage** When a baby is born dead before the 24th week of pregnancy.

**Occupational Health (OH)** The department concerned with the health, safety and rights of employees.

**Ordinary maternity leave (OML)** A period of 26 weeks' leave to which every employee is entitled.

**Paternity leave** A period of up to two weeks' leave for partners (including same-sex partners) after the baby's birth.

**Postnatal** After the birth.

**Qualifying period** The fixed period of time during which an employee must have worked, even if only for a day, to be eligible for certain benefits.

**Risk** The likelihood that someone will be harmed by a hazard.

**Risk assessment** The health and safety assessment of an employee's workplace.

**Statutory** Rights that apply by law to all employees.

**Statutory Maternity Pay (SMP)** Maternity pay paid to you by your employer.

**Statutory Paternity Pay (SPP)** Money paid to your partner by their employer for up to two weeks if they take time off after the birth.

**Stillbirth** When the baby is born dead after the 24th week of pregnancy.

**Term-time working** When an employee works normal hours during school term time and reduces hours or takes unpaid leave in school holidays.

**Trimester** Pregnancy is divided into three stages: first trimester – weeks 1 to 12, second trimester – weeks 13 to 26 and third trimester – weeks 27 to 40.

# Index

## A

Alcohol, 8, 41, 42, 60  
Allergies, 45, 46  
Antenatal, 13, 18, 19, 23, 46, 48, 50, 60, 65  
Asthma, 19, 45

## B

Baby blues, 58  
Backache, 15  
Blood pressure, 17, 19, 52  
Breastfeeding, 44, 45, 57, 62

## C

Caffeine, 15, 42, 54  
Carpal tunnel syndrome, 17  
Child Tax Credit, 61  
Childcare, 24, 57, 62  
Communication, 10, 58  
Complementary medicine, 42  
Constipation, 16, 45, 49  
Cramp, 17, 21, 49, 50  
Cystitis, 17

## D

Depression, 18, 22, 24, 58, 62, 63  
Diabetes, gestational, 18, 64  
Diet, 14, 15, 16, 18, 19, 41  
    healthy, 8, 45  
    supplements, 44  
    vegan, 44  
    vegetarian, 44  
Dizziness, 16, 17, 50  
Drugs, 40, 41, 42, 60  
    over-the-counter, 41  
    prescription, 41  
    street, 40, 41

## E

Emotional changes, 7  
Epilepsy, 19  
Exercise, 2, 7, 8, 15, 16, 17, 18, 41, 48, 49, 50  
    at work, 48, 50  
    benefits of, 16, 49  
    postnatal, 57

## F

Fainting, 16  
Feelings, 22, 58  
    anxiety, 10, 24, 54  
    fears, 22, 23, 24  
    guilt, 22, 23  
Flexible working, 10, 22, 56, 61, 65  
    application for, 56, 61  
Flexitime, 10  
Folic acid, 44  
Food safety, 44  
Forgetfulness, 23

## G

Gums and teeth, 16

## H

Haemorrhoids (see Piles)  
Healthy snacks, 25, 41, 46  
Heartburn, 16  
HIV, 42

## J

Job sharing, 10

## L

Lifestyle changes, 7, 9  
Lifting, 15, 17, 50, 58, 65

## M

Maternity leave, 18, 21, 22, 24, 56, 58  
Maternity Allowance, 65

Maternity pay, 6, 10, 57, 65, 66  
MED 3, 10, 18, 42, 56  
Meditation, 54  
Miscarriage, 2, 18, 21, 40, 42, 44, 52, 62, 65  
Money, 15, 22, 52, 66  
Mood swings, 23, 42  
Morning sickness, 14, 25  
Twins, 19

## **N**

Night shifts, 20  
Nosebleeds, 17

## **O**

Older mothers, 18

## **P**

Parentcraft classes, 23  
Partners, 6, 13, 24, 42, 66  
Pelvic floor exercises, 15, 49  
Physical disabilities, 19  
Piles, 16, 49  
Postnatal depression, 24, 58, 62  
Posture, 15, 50  
Premature birth, 40, 52, 63

## **R**

Reactions, 21  
Relationships, 21, 23  
Relaxation, 7, 13, 15, 19  
Rest, 7, 15, 17, 18, 19, 52, 54  
Returning to work, 56

## **S**

Sexually transmitted infections, 42  
Sleep,  
    lack of, 15  
Smoking, 40, 42, 60  
Statutory Maternity Pay, 10, 65, 66  
Stillbirth, 18, 21, 44, 62, 63, 66  
Stress, 10, 14  
Support networks, 8  
Swimming, 48, 54, 58

Swollen ankles, 17

## **T**

Term-time working, 56, 66  
Thrush, 17

## **U**

Urinary infections, 17

## **V**

Varicose veins, 15

## **W**

Warning signs, 20  
Weak bladder, 15  
Weight, 41, 46  
    distribution, 15, 50

Work–life balance, 56

## **Y**

Yoga, 48, 50, 54, 58

# The Pregnancy Accreditation Programme

The Tommy's Pregnancy Accreditation Programme was launched in 2000 to help companies support pregnant women in their workforce. The aim of the programme is to further Tommy's core goal of helping parents-to-be have a healthy pregnancy.

The programme is guided by an advisory panel consisting of organisations with goals closely aligned to Tommy's. The advice of the Department of Trade and Industry, the Health and Safety Executive and the Equality and Human Rights Commission is vital in helping us develop a relevant, up-to-date and comprehensive programme.

Since we began, we have reached an estimated 300,000 working women. Our aim is to make the programme as comprehensive and as user friendly as possible, inclusive of the requirements of recent legislation, and available to more women, their partners and their managers. This guide is supported by an online element, which you can find by visiting [www.tommys.org/pap](http://www.tommys.org/pap)

# Meet the panel

Our expert panel established the criteria for accreditation, against which applications are reviewed. It consists of professionals in the fields of maternal and fetal health research, midwifery, obstetrics and human resource management. Each member is personally dedicated to helping further our common goal of saving babies' lives.

## Vivette Glover

Vivette Glover has been Director of the Fetal and Neonatal Stress Research Centre, Queen Charlotte's Hospital, London since 1997. The Centre researches topics, including the effects of a mother's anxiety on her baby's development in the womb, the effects of different modes of delivery of the baby and stress in premature babies.

Dr Glover trained as a biochemist and has a long-term interest in biological psychiatry, including postnatal depression.

## Lucilla Poston

Lucilla Poston is a Tommy's Professor of Maternal and Fetal Health. She established and leads the dedicated team of scientists and doctors who form the Maternal and Fetal Health Research Unit at St Thomas' Hospital, London (part of the Guy's, King's and St Thomas' medical school). Professor Poston and her team carry out pioneering research to discover ways to prevent pre-term birth.

## Sue Jacob

Midwife Sue Jacob works as Student Services Advisor at the Royal College of Midwives (RCM) where she develops and co-ordinates the RCM service for midwifery students. She completed her MA in Industrial Relations and Human Resource Management where she developed a keen interest in women and work issues. Prior to joining the RCM, Sue was a Midwifery Lecturer at Nightingale Institute – King's College, London University.

## Nigel Simpson

Mr Nigel Simpson is a Consultant Obstetrician and Gynaecologist at the Leeds Teaching Hospital NHS Trust, a Director of Medical Undergraduate Training and Clinical Senior Lecturer at the University of Leeds. Mr Simpson has a particular clinical and

research interest in the disorders of early pregnancy and the causes and prevention of premature birth. He is married to Sally, a former nurse and midwife, and they have four lively children.

## Lesley Regan

Lesley Regan is Professor of Obstetrics and Gynaecology at Imperial College School of Medicine and St Mary's Hospital, Paddington, and Director of the largest clinic in Europe for women who have had recurrent miscarriages. She is a medical advisor to the Miscarriage Association and to TAMBA (the Twins and Multiple Birth Association), a trustee of Save the Baby and expert advisor to the Industrial Relations Society (pregnancy and the workplace) and is mother to twin girls.

## Teresa Isaacs

In her role as Occupational Health Manager with the Lloyds TSB Group, Teresa Isaacs develops strategy and policy advice relating to Occupational Health. A Registered General Nurse since 1978, Teresa trained and practised as a midwife for three years, before studying for her Diploma in Occupational Health and NEBOSH Certificate in Occupational Safety. Since then Teresa has worked for a variety of public and private sector employers in her capacity as Occupational Health Advisor/Manager, including the NHS, Cadbury Schweppes, Smith and Nephew, and Orange PCS. She has also worked as Senior Occupational Health Nurse at the University of Birmingham where she is regularly invited back to lecture.

Teresa has a firm belief in health promotion and the prevention of work-related ill-health. She is especially interested in stress management and the monitoring and development of occupational health related internal codes of practice, health strategies, and risk assessment practices, including the *New and Expectant Nursing Mothers' Code of Practice*.

# Acknowledgments

Writer: Sarah Levete

Photographs: Elixir photography [www.elixirphotography.co.uk](http://www.elixirphotography.co.uk)

**We would like to extend our thanks to the following individuals for their enthusiastic professional advice:**

Mr Ian Fergusson, Consultant in Obstetrics and founder of Tommy's

Professor Lucilla Poston, Tommy's Professor of Maternal & Fetal Health, Maternal and Fetal Research Unit, Kings College London, St Thomas' Hospital, London

Colleen Bowen, Head of Better Working Environment Division, Occupational Health Support Unit, at the Health and Safety Executive

Angela Wearne, Policy Advisor, Occupational Health Support Unit, at the Health and Safety Executive

Dr Anne Price, Head of Occupational Health at Marks and Spencer plc.

Val Thorpe and Joanne Gordon, Managers, Equality and Diversity, at Lloyds TSB







Tommy's  
Nicholas House  
3 Laurence Pountney Hill  
London EC4R 0BB

Tel: 08707 70 70 70  
Fax: 08707 70 70 75  
Pregnancy information line: 08707 77 30 60

Email: [info@tommys.org](mailto:info@tommys.org)  
Web: [www.tommys.org](http://www.tommys.org)

TOMMY'S, THE BABY CHARITY is registered  
charity no 1060508 and SC039280

**ISBN: 0 9546426 1 9**

**Tommy's** [Let's talk **baby**]  
Pregnancy accreditation programme