

Severn Deanery
Anaesthetics:
**Advice for
Pregnant
Trainees**



Congratulations you are pregnant! However sorting our maternity leave arrangements can be a daunting prospect. It is hard to know where to start finding the information you need and there is much more to think about that you would expect. The following guide gives you some advice and information on how to manage your maternity leave as an anaesthetic trainee.

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WORKING WHILE PREGNANT

Who do I need to tell?

Officially you are obliged to inform your employer of your intention to take maternity leave by the end of the 25th week of pregnancy. However, the laws that protect you in pregnancy only apply once your employer knows.

Practically is it advisable to inform your employer prior to this date but who you decide to inform and when is an individual decision.

- **Departmental Manager:** the manager should then arrange for a Health and Safety Risk Assessment to take place (on HR webpage). If any staff member is unable to carry out all or part of their duties whilst pregnant (due to risk to their or unborn child's health) alternative work is arranged with no loss of pay.
- **Training Programme Director** – advise your TPD about intentions for maternity leave as it may directly affect where you are going to rotate over the next few months. You may also want to work LTFT on your return.
- **Educational Supervisor** – before you start maternity leave you must have a “Pre-Absence Meeting” (needs to be sent to College Tutor and Programme Director) to discuss keeping up to date, KIT days and any other concerns.
- **HR** – obtain maternity guidance information for your Trust early in pregnancy (via Trust website)

Occupational Hazards

Anaesthetists work in a variety of different environments and are exposed to many different hazards and opinions on what is safe or not! Every pregnancy is different and risks encountered at work are different for everyone.

Shift Work

- Anaesthetic work is associated with high frequency and intense on call commitments which can be challenging for a pregnant anaesthetist. Although long working hours are associated with a small to moderate risk of preterm labour and low birth weight, there is insufficient evidence to suggest shift work or nights are detrimental to mother or baby¹. There is no pre-defined gestation at which nights or on-calls are advised to be stopped. In certain circumstances, stopping on-call commitments are necessary to ensure a healthy pregnancy. A letter from your GP, obstetrician or OH to support a change in working pattern may be required and in this instance you will need to make up your contracted hours unless on-calls were front loaded.
- **Full information:**
 - [NHS Health at Work: Shift Work & Manual Handling in Pregnancy](#)

Occupational Hazards (continued)

Radiation

- Anaesthetists are becoming increasingly involved in interventional radiology procedures but pregnant anaesthetists often feel uncertain about the risks of radiation exposure. National regulations state that once pregnancy is confirmed occupational exposure to radiation for rest of pregnancy is limited to <1mSv (for relevance 1 CXR is 0.02mSv – less than a transatlantic flight! Annual background radiation for people living in UK is 2.2mSv). Radiation exposure measured under a lead gown is negligible and so general rules for radiation safety are adequate for in pregnancy².

Positioning in Theatre	<ul style="list-style-type: none">• Stand back from X-Ray tube – double your distance & quarter your dose
Lead Aprons	<ul style="list-style-type: none">• Lead apron of 0.25mm Pb equivalence• Wear thyroid shield• No advantage to top/skirt vs gown• Check it fits – ask a radiographer for advice• Back or neck pain can be issue due to weight

Specific Areas:

Hybrid/Cath Lab	<ul style="list-style-type: none">• Use lead screen in addition to above• Communication with radiographer/radiologist (change screening time if need to get close)• Consider extension lines – don't have to get so close• Approach C arm from opposite side to X-ray tube
MRI	<ul style="list-style-type: none">• Avoid 3T scanner in first trimester
Neuro	<ul style="list-style-type: none">• Stand in line with O arm• Communication with radiographer
Ortho/Urology	<ul style="list-style-type: none">• Negligible exposure

Anaesthetic Gases

- Effective scavenging & atmospheric monitoring has dramatically reduced the exposure to volatiles³. However if concerned, it may be prudent to avoid lists with high exposure to anaesthetic gases.

Manual Handling

- Hormonal changes associated with pregnancy make you more susceptible to injury. It is advisable to limit heavy lifting and prolonged standing in later stages of pregnancy. Ask for help moving patients and pushing beds!

Paperwork

Maternity Pay Plan - should be completed jointly by manager and employee as soon as possible (at least 28 days before commencement of maternity leave). It should include EWC & schedule date of return. It must be signed by your manager who forwards it to Payroll & HR

MATB1 – provided by midwives & needs to be sent by you to HR by 25/40

Paternity Leave – generic HMRC form – print and return to HR [Paternity Leave Form](#)

Subscriptions – you can apply for reduced fees for the following

- AAGBI – [AAGBI membership discount](#)
- RCOA – email membership@rcoa.ac.uk for self declaration form
- GMC: if annual earnings <£32,000 via online portal
- Medical Defence Union/Medical Protection Society – email membership@themdu.com or Member.help@medicalprotection.org

Appointments

Pregnant employees have the right to time off work to receive antenatal care and attend antenatal classes or any other classes related to pregnancy on the advice of a Registered Medical Practitioner, Midwife or Health Visitor. Obviously it is preferable if these can fall on a off day or the start/end of a shift.

COVID-19

This is as ever evolving situation. Pregnant women have not been proven to be at higher risk of getting Covid than no-pregnant women. If they do get it (particularly >28 weeks) the risk of complications is increased, both to mother and baby⁴. Occupational risk assessment is a vital part of how you work and individual risk factors should be taken into account.

Pregnant women still remain in the vulnerable category and therefore you should continue to strictly follow social distancing guidelines. RCOG have previously issued occupational guidelines for pregnant healthcare workers which was archived when the government lifted restrictions on individuals shielding. RCOG have issued the following [RCOG OH Advice for Pregnancy & Covid Statement](#) in September 2020 and [RCOG: Covid in Pregnancy](#) safety at work is down to individualised risk assessment specific to you and your work place.

Trust HR may have specific policies in place regarding working during the Covid Pandemic whilst pregnant. Contact them directly or if you have specific risk factors or health concerns self refer to Occupational Health.

MATERNITY & PATERNITY LEAVE

Length of Maternity Leave

- You can start maternity leave on or anytime after the start of the 11th week before EWC (i.e. 28-29/40)
- You can take up to 52 weeks maternity leave (in practice it may be longer as you accrue annual leave during maternity leave and this can be added on to extend your leave at the discretion of your trust)
- If you wish to change your return to work you must give your employer a notice of 28 days (OMP) or 8 weeks (SMP/MA)

Maternity Leave Pay Entitlements:

- 3 schemes available, qualification depends on length of NHS or Trust employment. Most trainees are entitled to OMP.

OMP	SMP	MA
NHS Scheme/ Occupational Maternity Pay (OMP)	Statutory Maternity Pay (SMP)	Maternity Allowance (MA)
<ul style="list-style-type: none"> ▪ You must have been in continuous** (no break of more than 3 months) NHS service for 1 year by time you are 28-29/40 (i.e at 11 weeks before your EWC). It is based on NHS service, so changing trust does not affect eligibility. ▪ This is a contractual entitlement ▪ ** "continuous" – exemptions – break of less than 3 months, deanery/college approved OOPT, overseas work 	<ul style="list-style-type: none"> ▪ You must have been in continuous service with your present employer (trust specific, NHS does not count as one employer) for 26 weeks at the end of 15th week before EWC (i.e. 24-25 weeks pregnant) ▪ If don't fulfil this criteria at your current Trust, you may be entitled to this under previous NHS employer if you were employed by them for 26 weeks by 15th week before EWC ▪ Paid by your Trust and is a statutory entitlement 	<ul style="list-style-type: none"> ▪ If you do not qualify for SMP by the Trust you will get MA paid by the government. Qualification is employed by 1 or more employers for at least 26 weeks (non-consecutive) in the 66 weeks prior to EWC) ▪ Require MA1 from midwife or local job centre plus to apply & SMP1 form from your trust (explaining why not eligible for SMP) ▪ If you have been on an OOPT prior to your current post you may not initially be approved MA – if having difficulties please contact Dr C Laxton for more information

Maternity Leave Pay Entitlements (continued)

	OMP	SMP	MA
	Occupational Maternity Pay	SMP - £151.20/week	MA £151.20/week
Full Pay	8 weeks	-	-
Half pay plus SMP	18 weeks	-	-
90% of average pay	-	6 weeks	-
90% of average pay or SMP (whichever is lower)	13 weeks	33 weeks	-
90% of average pay or MA (whichever is lower)	-	-	39 weeks
Total leave with pay	39 weeks	39 weeks	39 weeks
Total leave without pay	13 weeks	13 weeks	13 weeks

My pay!

Full pay is calculated by taking the average pay over the 8-week period prior to the qualifying week (i.e. 17-25/40). For monthly paid staff this will include all the pay you receive in the 2 months up to and including the last normal pay day before the end of your qualifying week (15th week before EWC). Any locum payments received with these pay checks count towards your average earnings.

The pay you receive can be averaged out throughout your maternity leave. This needs to be stated on your Maternity Pay Plan form.

If after maternity leave you do not wish to return to work your NHS employer is entitled to retrieve the occupational maternity pay awarded. To avoid this you must return to work for at least three months within 15 months of the start of your maternity leave. Rotating to a different trust on return from maternity leave does not count as not returning to work, and you do not pay back your maternity pay.

Do I still pay into my pension during maternity leave?

Yes. Pension contributions will continue to be deducted throughout paid maternity leave.

Paternity Leave

All partners of mothers are entitled to 2 weeks paid paternity leave. It must be taken in one single block and used within 56 days of the birth.

To apply you need to return a [Paternity Leave Form](#) to HR at least 28 days prior to date leave (some trusts require this 15 weeks before EWC).

Shared Parental Leave (SPL)

Shared parental leave is designed to give parents more flexibility in how to share the care of their child in the first year following birth or adoption. It is taken from the same "pot" as the mother's maternity leave – if the mother decides not to use their entire 52 weeks of leave, their partner can take Shared Parental Leave. Parents can be off work at the same time &/or take it in turns to have periods of leave. Eligibility:

- there must be 2 parents sharing responsibility for raising the child
- mother must be eligible for SMP or MA
- parent must be employed for at least 26 weeks by the end of 15th week before EWC and still employed at time SPL commences & meet minimum earnings

The mother must end their maternity leave in order to apply for SPL.

Following the update to Junior Doctors contract in April 2019, parents are eligible for enhanced pay for shared parental leave:

- 6 weeks full pay inclusive of any statutory shared parental pay
- 18 weeks half pay plus any statutory shared parental pay
- 13 weeks of any statutory shared parental pay
- 13 weeks of no pay

[BMA: Shared Parental Leave Information](#)

[Shared Parental Leave Forms](#)

[ACAS: Shared Parental Leave Information](#)

Annual Leave

Annual leave continues to accrue during maternity leave. It is taken after the maternity leave period as the amount accrued depends on the length of maternity leave you take. Tell HR your preferred to return to work date, and they will calculate your return to payroll based on the annual leave you have accrued.

RETURNING TO WORK

Return to Training

Returning to work after any time away can be daunting, especially after a year of sleep deprivation and maternity leave. Most trainees feel deskilled, apprehensive and suffering with imposter syndrome.

Kit “Keeping in Touch Days”

Any trainee taking maternity leave of >3 months is entitled to take Kit days, to help them feel in touch with the workplace. This can be clinical days, local/regional teaching, life support courses, conferences or trust induction. You are entitled to 10 and are paid for them! Using them is optional. They do not need to be used consecutively and you can do as many out of the 10 as you wish. If you take SPL you are entitled to 20 SPLiT days shared between parents. They are additional to the 10 Kit days the mother is entitled too.

Kit/SPLiT days can be used at any point during the period of leave. If this is in the period of accrued leave at the end of your leave you cannot be paid for it but can take an extra day of AL in lieu added to the end of your maternity leave. If you are changing Trusts, your start date at the next Trust needs to be adjusted accordingly - please refer to your Trust SuppoRTT champions for further information.

Please liaise with the anaesthetic secretaries to arrange your days & allocate a list. You need to inform them of the day and hours worked so they can confirm with HR and payroll. Some Trusts (e.g. NBT) have a specific form – but the secretaries/ES will be able to advise.

SuppoRTT

SuppoRTT is an initiative funded by the HEE to support trainees when they return to training after a period of time away. Applies to any doctor whose is out of training for more than 3 months and aims to improve the wellbeing and experience of doctors but also protect the safety and wellbeing of patients. In Severn, each trust has SuppoRTT champions to help facilitate this and provide a second point of contact (after ES) for any trainee experiencing difficulty. They can arrange local peer mentoring within the trust and have knowledge of return to work courses.

The following website has resources, information and videos (with some familiar faces!) sharing their experience of returning to work.

[My SuppoRTT](#)
[Severn Deanery: SuppoRTT](#)

[Return to Anaesthesia](#)
[Severn Deanery Return to Work Courses](#)

Each trust has SuppoRTT champions as another point of contact:

UHBW:

Dr Rebecca Thorpe – Rebecca.thorpe@uhbw.nhs.uk

Dr Sam Milsom – Samantha.milsom@uhbw.nhs.uk

NBT:

Dr Christina Laxton – christina.laxton@nbt.nhs.uk

RUH:

Dr Rebecca Mason - ruh-tr.supporttchampion@nhs.net

Great Western:

Dr Jessica Daniel - jessica.daniel@nhs.net

Dr Bill McCrea - w.mccrea@nhs.net

Miss Sarah Irby - s.irby@nhs.net

Gloucester:

Dr Marie Wheeler - Marie.wheeler1@nhs.net

Period of Enhanced Supervision

Anaesthesia is a very practical specialty and it is normal to feel concerned about being deskilled on returning to work. You will be surprised on returning how much is like riding a bike and comes back naturally however to help gain confidence you will have a period of enhanced supervision. This is for **10 working days** when you are expected to do **supervised lists only** with no out of hours work (unless shadowing). Your ES is responsible for informing the rota coordinators and consultants in the department.

RTT Meetings and Paperwork

You are required to have 3 meetings with your ES:

1. *Pre-absence planning* – 4 weeks prior to absence
 - o Discuss concern/expectations about returning, plan how to use KIT/SPLIT days, discuss LTFT working/application
2. *Pre-return planning* – minimum 6 weeks prior to return
 - o Review attendance at any course/KIT/SPLIT days, ensure trust induction arranged, trust IT and ID access, plan period of enhanced supervision
3. *Post-return review meeting* – once period of enhanced supervision complete
 - o Ensure no new concerns/difficulties and to agree & “sign off” trainee is ready to commence normal duties
 - o Any concerns can be discussed with SuppoRTT champion and additional support may be required

More details & the online forms can be found at [Severn Deanery: SuppoRTT Process & Forms](#)

Breastfeeding

If you are returning to work breastfeeding you need to provide your manager with written notification that this is the case with any flexible working arrangements you envisage requiring. You should be risk-assessed and appropriate facilities provided (access to clean, warm, private room and a fridge to store expressed milk). For more information visit [NHS: Breastfeeding at Work](#) or contact the Trust SupportRTT champions.

LTFT applications

If you wish to be considered for LTFT it is advisable to contact your Training Programme Director. To apply you need to complete a [LTFT application form](#), ideally 6 months prior to the date you wish to commence LTFT training. This needs to be emailed to Julie Flowers (education program manager) – Julie.flowers@hee.nhs.uk. You are not able to commence LTFT until your application form has been approved by the Deanery (they will email you and copy in the TPD).

Eligibility falls into 3 categories:

- **Category 1:** rarely refused
 - o Responsibility for caring for children (men and women)
 - o Disability or ill health (can include fertility treatment)
 - o Responsibility for caring for ill/disabled partner or relative
- **Category 2:** can be refused
 - o Non-medical professional development e.g. law course, management
 - o Exceptional opportunity e.g. international sporting event
 - o Religious commitments
- **Category 3:** accepted/refused based on number of trainees applying
 - o To be implemented by HEE for anaesthetic trainees in 2022
 - o A personal choice to meet an individual's professional or lifestyle needs

Essentially if it is for childcare you are unlikely to be refused. Currently the deanery supports working 60% only. Your days are split MTW or WTF and these remain the same when you rotate trusts. You can choose which end of the week. In view of shifts, sometimes you may end up working into a day you normally don't work – i.e. a Wednesday night if off on Thursdays or Sunday night if off on Monday.

For more information please visit [Severn Deanery: LTFT](#) or [AAGBI LTFT Advice](#)

Each trust will have a LTFT champion and the Bristol School of Anaesthesia has a LTFT advisor - **Dr Christina Laxton** (christina.laxton@nbt.nhs.uk). There is also an anaesthesia LTFT trainee rep and forum providing a point of contact with other LTFT trainees who share a wealth of experience. Please contact **Dr Anna Simpson** (annaksimpson@googlemail.com) for access.

Childcare

Sorting out childcare can be another daunting task with many different options available when you return to work. It can be stressful to go to work after leaving your child with someone new, so remember to allow time to settle them in before retuning. There is financial support from the government ([Childcare Calculator](#)) check eligibility and register for [Tax Free Childcare](#) to save money.

Educational Supervisors

Additional CPD for Educational Supervisors in supporting LTFT trainees “Equipping healthcare professionals with the knowledge and skills to effectively supervise LTFT trainees” [e-lfh: Educational Supervision for LTFT](#)

Mat Leave Jargon

- **EWC** – expected week of childbirth (Sunday on or before your EDD)
– this is the date all the other “dates” are calculated from rather than your EDD
- **Qualifying week** – 15th week before the expected week of childbirth – (i.e. 24-25/40) - relevant for SMP
- **Notification requirement** – latest you must inform your employer by to claim any maternity leave & pay (end of 15th week prior to EWC, i.e. before you are 25/40)
- **MATB1** – form provided by midwives at approximately 20/40 – this is your proof of pregnancy. Send scanned copies (in case it's lost!) to HR by 25/40
- **KiT** – keeping in touch days
- **SPliT** –equivalent of KiT days for shared parental leave

Websites

[NHS Employers: Maternity Factsheet](#)

[BMA: Maternity Advice](#)

[HSE: Working Safely With Ionising Radiation](#)

References:

1. Lawson CC, Rocheleau CM, Whelan EA *et al.* Occupational exposures among nurses and risk of spontaneous abortion. *Am J Obstet Gynaecol* 2012; **206 (4)**; 327
2. Gieson L, Warren R, Olday J. Radiation Safety for Pregnant Anaesthetists. *Anaesthesia News Jan 2020*; **390**; 22-23
3. Symington IS. Controlling occupational exposure to anaesthetic gases. Editorial. *BMJ* 1994; **309**; 968-969
4. Allotey J, Stallings E, Bonet M *et al.* Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis. *BMJ* 2020; **370**: m3320