

44. Pregnancy in Early Childhood



Introduction

Pregnant educators and staff are at risk of specific infectious diseases such as CMV, that can have adverse impacts on pregnancy and there are active steps that they can take to reduce risk. Educators and staff are also at risk of work related ergonomic injuries particularly back injuries related to lifting and carrying children, bending, reaching, and not using adult sized furniture. Pregnant educators and staff are more at risk of back pain and injury because of anatomical and physiological changes. Stress in educators and staff can negatively impact on the quality of interactions between other educators and staff, children and their families. Pregnant educators and staff are more at risk of stress at work because of changing abilities to meet usual work commitments.

Purpose

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

Goals – What are we going to do?

The centre will minimise the risk of and manage exposure of pregnant educators and staff to infectious diseases transmitted from children in their care and prevent illness and other risks from vaccine preventable diseases by appropriate immunisation and immunisation registers.

The centre will minimise the risk of back injury in pregnant educators and staff and other staff members by applying principles of back care and correct lifting and carrying techniques, complying with Workplace Health & Safety and other related legislation, and taking special precautions against back injury in pregnancy.

The centre will minimise the risk of stress and burnout in pregnant staff by ensuring educators and staff have adequate opportunities for leave and holidays.

Strategies – How will it be done?

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

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

Health and Safety

To reduce risk of injury or ill health with educators and staff members who are pregnant risk of injury or ill health will be discussed with all employees in accordance with the centres Health and Safety Policy and procedures. Where there is an identifiable risk associated with a pregnant employee's work, the Nominated Supervisor or member of the management team will consult with the employee to examine how the work can be modified to eliminate or minimise the risk.

- The employer will maintain current information about their workplace safety and health responsibilities to their employees and where practicable, maintain a safe workplace for all employees.
- Ensure pregnant child care staff are aware they are at more risk of back pain and injury from working while pregnant because of anatomical and physiological changes such as softening of ligaments and tendons, extra weight load, muscle fatigue and tiredness.
- Ensure pregnant child care staff are aware that the risk of back pain and injury increases with the progression of pregnancy and their ability to do physical work decreases, and should see their doctor if they have any back pain or other health problem during pregnancy.
- In regard to infectious diseases, the employer will alert all employees to the potential risks to health that may arise through their employment at the Service. Female carers will be advised they should have their immunity to Rubella, Measles, Chicken Pox and Cytomegalovirus (CMV) infections tested well before planning pregnancy. A person can be immunised against Rubella before pregnancy however care should be taken not to fall pregnant within 3 months of immunisation.
- As there is no immunisation against CMV, should an educator who is planning a pregnancy be found to be seronegative (non-immune), they should discuss this with management to identify measures that will minimise the risk potential during pregnancy such as not changing nappies.
- Ensure pregnant child care staff are aware of health risks including:
 - Exposure to specific infectious diseases that can have an adverse impact on pregnancy, which are: Cytomegalovirus (CMV), Hand, foot & mouth disease, Human parvovirus B19 (erythema infectiosum, fifth disease), Listeriosis, Rubella (German measles), Toxoplasmosis and Varicella (chickenpox).
 - Stress and burnout,
 - Swollen feet and varicose veins,
 - Heat stress,
 - Cigarette smoke, (Outside smoke free zones. Car park etc.)
 - Chemicals and chemical fumes,
- Implementing strategies which help reduce physical stress for pregnant child care staff, such as: - minimising physical tasks, restrict lifting, vary tasks to avoid prolonged standing, use foot rests for raising feet when sitting.
- Pregnant women should avoid contact with cat faeces, to minimise the risk of toxoplasmosis

Manual Handling

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

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

Stress Management

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

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

Immunisation and Infectious Diseases

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

- Provide information to all staff in the Service on current recommended immunisations for child care staff in accordance with current Australian Standard Vaccination Schedule and the current edition of the Australian Immunisation Handbook

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

Employee Responsibilities

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

Industrial Issues

- Tillys Play and Development Centre will maintain current information about their industrial responsibilities to their employees including The Fair Work Act and Children's Service Award 2010.
- Our centre is registered with Centrelink for the Paid Parental Leave Scheme.
- Tillys Play and Development Centre will ensure that all employees are made aware of their legal right to maternity leave at the time the employee advises of their pregnancy.

Returning to work after Maternity Leave

- The employee is required to take a minimum period of 6 weeks compulsory leave after giving birth, before returning to work.
- The employee is required to confirm her intention of returning to work in writing to the employer not less than 4 weeks prior to the expiration of her period of maternity leave.

Roles and Responsibilities

Approved Provider and Nominated Supervisor will:

- Be as flexible as possible, within the constraints of the workplace, to ensure the needs of pregnant employees are considered and options to address their needs implemented wherever possible.
- Will provide medical practitioners with requested information detailing the employee's duties, to assist the medical practitioner to assess the pregnant employee's fitness for work and consideration of alternative duties where applicable.

Educators will:

- Ensure the treating medical practitioner is aware of the specific work environment and activities that are undertaken on a day-to-day basis.
- Seek advice on infectious diseases relevant to pregnancy, personal immunity status for these diseases, as well as standard precautions for infection control.
- Access information relevant to infection control required throughout pregnancy through the Infection Control Guideline.
- Immediately notify management of their pregnancy when medical and/or workplace health and safety issues are being experienced or where they may be reasonably foreseen.
- Discuss workplace health and safety and/or medical concerns with a treating medical specialist followed by the management team.
- Obtain current medical documentation to support medical and/or workplace health and safety issues being experienced throughout the pregnancy.
- Raise any issues or concerns with management in accordance with relevant policies and procedures with regard to grievances.

Related Legislation

- Education and Care Services National Law Act
- Education and Care Services National Regulations Regulations 168
- Work Health and Safety Act 2011

Links to other policies and documents

- Dealing with Infectious Diseases
- Handwashing
- Nappy Change
- Hygiene and Infection Control
- Nose Wiping
- Toileting

Links to Education and Care Services National Regulations:

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Links to National Quality Standards/Elements:

2.1

Sources

- ACECQA – www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Fair Work website – www.fairwork.gov.au
- Staying Healthy in Childcare

Infectious diseases during pregnancy



Cytomegalovirus (CMV): CMV infections can cause serious birth defects. The highest risk to the unborn child is during the first half of the pregnancy. CMV infection occurs in 1% or less of pregnancies and, of these cases, less than 10% of infants are likely to have severe illness. CMV can spread through infected urine and saliva. Women of child bearing age working with young children should pay particular attention to good hand hygiene after contact with body secretions, especially after changing nappies or assisting in toilet care. Pregnant women where possible should be relocated within the service to reduce their risk of exposure to diseases that can harm their unborn baby. For example, if an educator who usually works in the infant's room becomes pregnant, she will be asked to relocate to a pre-school room, where she is less likely to be exposed to cytomegalovirus through nappy changing and feeding.

Hand, foot and mouth disease: Hand, foot and mouth disease is rare in adults. It is not a serious illness; infection with the virus that causes it often produces mild symptoms or no symptoms at all. The risk associated with this disease during pregnancy is low; however, in extremely rare cases, it can cause miscarriage. If the mother becomes infected shortly before giving birth, she can pass the infection on to the baby. Most infants born with hand, foot and mouth disease have mild symptoms, but complications in very rare cases can affect the infant's organs. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Human parvovirus B19 (erythema infectiosum, fifth disease): Infection with human parvovirus B19 generally causes a mild illness. However, if a pregnant woman is infected, the virus may be transmitted to her unborn baby. In less than 5% of these cases, the virus may cause severe anaemia (low red blood cell count) in the baby, resulting in miscarriage. The risk of miscarriage is highest if the mother is infected during the first half of pregnancy. Infants who survive if the mother is infected do not have birth defects. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Listeriosis: Listeriosis is caused by bacteria (*Listeria monocytogenes*) and can be spread through foods such as soft cheeses and pre-cooked meat products (e.g. pate and deli meats), along with many other types of food. It can cause a range of symptoms; if a pregnant woman is infected, it can cause miscarriage, stillbirth or premature birth. Infants born to infected mothers can also suffer a range of complications. Pregnant women can reduce their risk of exposure to *Listeria* by avoiding raw or partially cooked foods, and ensuring that raw fruit and vegetables have been washed in clean water.

Rubella (German measles): Rubella is a vaccine-preventable disease that usually causes mild illness in children. However, if expectant mothers are infected during the first 20 weeks of pregnancy, their infants may have severe birth defects. This risk is highest in early pregnancy. If non-immune mothers catch rubella in the first 10 weeks of pregnancy, their baby will have up to 90% chance of having rubella-associated problems. Defects are rare if the mother is infected with rubella after the first 20 weeks of pregnancy. Anyone who works with children should be immunised against rubella, or be certain that they are immune to rubella by having a blood test.

Varicella (chicken pox): Infection with varicella within the first 3 months of pregnancy may damage the unborn child. Pregnant women who are exposed to varicella at any stage of the pregnancy should seek medical advice within 48 hours. If the woman does not already have antibodies against the virus, the medical professional will give an injection of antibodies (known as varicella zoster immunoglobulin, or VZIG). Most people have had varicella as a child and will not get it again. Anyone who works with children and has not previously been infected with varicella should be immunised, or be certain that they are immune to varicella by having a blood test. Varicella is a vaccine-preventable disease; however, varicella vaccination is not recommended during pregnancy, and pregnancy should be avoided for 1 month after having a varicella vaccination.