



Pregnancy and Maternity

A guide for Managers in Partnership representatives and members

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About this guide

This guide is on pregnancy and maternity rights and workplace issues and is for Managers in Partnership members and representatives. It aims to support people navigate pregnancy and maternity legislation, NHS terms and conditions and the wider set of issues facing pregnant and on maternity leave members in the NHS workplace. It is also designed to be a guide for MiP representatives and members in their manager roles.

It covers the legal background to pregnancy and maternity protections from discrimination during pregnancy, whilst on maternity leave and on return to work. Despite these longstanding protections, evidence from MiP members and representatives suggests that there are continued concerns of negative impacts of pregnancy at work, maternity leave and return to work. The next section provides an overview of these key issues and includes sections on risk assessments, baby loss, rights during secondments, consultation rights during redundancy and reorganisations, and discriminatory perceptions of parents at work. The aim of the section is to highlight the key issues of concern and to provide pointers to address them. Following this, a MiP pregnancy and maternity checklist is provided. It provides a summary of the overarching statutory rights to pregnancy and maternity leave and pay along with the main enhanced provisions in the NHS occupational scheme on new parents leave and pay provisions. Finally, the last section sets out the main references used throughout this guide and suggests some further resources that are useful. Please find information about pension treatment of maternity leave in the Resource section.

Pregnancy and Maternity Protections

England, Scotland, and Wales

Protection from unfavourable treatment

Pregnancy and Maternity is a protected characteristic in the Equality Act 2010 in England, Scotland, and Wales. This means that a pregnant employee is protected from being treated unfavourably because of their pregnancy, a sickness related to pregnancy, for a reason related to pregnancy and because they are about to go on maternity leave. Unfavourably is a legal term that specifies it is unlawful discrimination to treat a pregnant employee unfavourably or differently to other employees except where special protections are in place because of pregnancy. This includes paid time off for ante-natal care appointments and protection from health and safety risks (EHRC, 2024). Protections for pregnant employees and those on maternity leave are in place during the protected period. The protected period begins when an employee becomes pregnant and lasts until the end of maternity leave or upon the return to work, if sooner (UNISON, 2024).

Protection from redundancy

Since 6 April 2024 under the *Protection from Redundancy (Pregnancy and Family Leave) Act*, redundancy protection is extended to pregnant women. The protected period from redundancy now starts from when a woman tells her employer she is pregnant until 18 months after the birth or the placement of a child for adoption. Protection from redundancy means that NHS organisations must offer an employee who is pregnant or on maternity leave who is at risk of redundancy suitable alternative employment, where one exists. The protected period from redundancy applies throughout Maternity Leave, Adoption Leave and Shared Parental

Leave (UNISON, 2024). It also applies to fathers and partners who take six consecutive weeks of shared parental leave starting on or after 6 April.

Northern Ireland

In Northern Ireland, anti-discrimination legislation is devolved. The law in Northern Ireland also protects women from discrimination on the grounds of pregnancy and maternity (ECNI, 2016). A new Bill in Northern Ireland, The ‘*Good Jobs*’ *Employment Rights Bill* (ni.gov.uk, 2024) contains proposals to extend protections like those in the rest of Great Britain.

The language around pregnancy and maternity in legislation and most research refers to pregnant women and new mothers. Although this guide reflects this language, it is important to recognise that there may be additional or different disadvantages experienced by trans and non-binary people who are pregnant and accessing related workplace leave and pay arrangements.

The MiP pregnancy and maternity checklist in section 4 of this guide provides further details of the statutory rights to maternity leave and pay.



Overview of key issues from pregnancy, maternity and return to work

New and Expectant Mothers Health and Safety Risk Assessments

The health and wellbeing of new and expectant mothers at work is of paramount importance, and this is acknowledged in the *Management of Health and Safety at Work Regulations 1999* (legislation.gov.uk) covering employees who are pregnant or new mothers. It is the employer's responsibility to conduct a risk assessment.

The risk assessment will determine whether working conditions are safe for employees who are pregnant, have recently given birth or breastfeeding. If a risk is found, or where an employee or their baby is deemed to be at risk by a medical practitioner if they continue with their normal duties, suitable alternative work should be provided. If this is not reasonably practicable then the employee should be suspended on full pay.

However, negative experiences of risk assessments persist. According to research commissioned by HM Government and the Equality and Human rights Commission (Adams e. al., 2016) based on a survey of 6,000 mothers and employers on pregnancy, maternity and return to work issues, it found:

- A higher percentage of mothers working in the Health and Social Work sector (24%) identified health and safety risks to themselves that were not identified by the employer, compared to the overall number of mothers (19%) identifying their own risks.

- Where the employer had a identified a risk, more mothers working in the Health and Social Work sector (26%) than the average (19%) said risks were not completely tackled.
- The likelihood of a mother leaving their employer because of risks not being resolved was higher among Health and Social Work sector (6%) than the overall number of mothers (4%).

Risk assessments should involve discussions between the employer and employee throughout the pregnancy as different issues may arise at different stages of the pregnancy. These need to be addressed and controlled as the pregnancy develops. This may involve making appropriate changes to working patterns and ensuring rest facilities are provided to pregnant employees. A new risk assessment needs to be conducted for new mothers returning to work or breastfeeding mothers (UNISON, 2022).

Breastfeeding and returning to work

Some mothers may want to continue to breastfeed after they have returned to work as it is a way of maintaining a close bond with the baby. There are evidenced health and wellbeing benefits from continuing to breastfeed as long as is possible or desired.

However, research (Fawcett Society and Total Jobs, 2023b) on mothers' experiences of breastfeeding and returning to work after maternity leave found some negative experiences that included lack of support from the employer which impacted on their decision to return to work. Specifically, the research found:

- 84% of mothers surveyed faced difficulties returning to work after maternity leave, with 30% receiving no support from their employer during this time.
- Lower-earning mothers, and those who took longer maternity leave, are afforded the least support.

- As a result, 1 in 10 mothers (11%) never return to the role they left, and a fifth (19%) of those that do quickly consider leaving.

The *NHS Terms and Conditions of Service Handbook* refers to the specific risk assessment for an employee who is breastfeeding including the rest facilities that should be provided. There may be a nearby nursery which can be visited to breastfeed the baby. Employees may wish to express breast milk and this can be supported by providing facilities to express and store milk in a dedicated fridge (UNISON, 2022).

Fertility Treatment

Before a pregnancy can begin, for some people accessing fertility treatment is a necessary option. Research found that 'Around 55,000 patients had in vitro fertilisation (IVF) or donor insemination (DI) treatment at licenced fertility centres in the UK in 2021, rising from 53,000 in 2019.' (Fawcett Society and Total Jobs, 2023b). This suggests there are a substantial number of people wishing to access these treatments yet there are long waiting times for treatment and undergoing the process itself can take place over several years. Accessing and undergoing fertility treatment can be an incredibly stressful time for individuals and couples and needs to be treated with sensitivity and with practical approaches that are supportive.

This is important given that there is no statutory right to time off for fertility treatment. However, any related appointments and sickness absence should be treated the same as any other medical appointment or sickness (ACAS, 2024a) under the sickness policy. The Health and Safety Executive recommends that women should be given a reasonable number of paid or unpaid days' absence towards any fertility treatment (UNISON, 2024) and local agreements may include specific time off for fertility treatment.

Baby Loss:

'It is estimated that one in four pregnancies end in loss during pregnancy or birth, including around 250,000 miscarriages every year in the UK and around 11,000 emergency admissions for ectopic pregnancies. These numbers are estimates as there is no formal, centralised record of miscarriages in the UK' (CIPD, 2022a).

The feelings of grief and sadness of baby loss requires an individual and organisational approach which recognises the importance of empathy and sensitivity in supporting NHS employees dealing with the devastation of baby loss. Individuals and couples need to be treated with kindness and an understanding that it takes time to work through the trauma of baby loss.

Baby loss can be through miscarriage defined as a loss of a baby in the first 24 weeks of pregnancy. Miscarriage can be an early miscarriage, before 12 weeks of pregnancy, or a late miscarriage, after 12 weeks or of pregnancy, but before 24 weeks of pregnancy. A still birth is the loss of a baby before or during labour after 24 completed weeks of pregnancy (CIPD, 2022a). There are also baby losses due to an ectopic pregnancy which is when a fertilised egg does not attach inside by somewhere outside of the uterus. A pregnancy termination may also occur for medical reasons (CIPD, 2022a).

For the purposes of accessing work-place rights, the distinction between the terms miscarriage and still birth relate to the rights to leave or pay. The NHS Terms and Conditions Handbook currently states that for employees experiencing baby loss through miscarriage before the start of the 25th week of pregnancy, normal sickness absence provisions will apply, as necessary. Still birth, is after the end of the 24th week of pregnancy where entitlement to maternity leave and pay is the same as if their baby was born alive.

Baby loss is attracting some policy attention as an area that needs to be addressed with more sensitivity and support for employees experiencing this loss whatever stage of pregnancy the loss occurs. NHS England have highlighted the importance of addressing baby loss in the *2024 National pregnancy and baby loss people policy framework*. The aim of the policy framework is ‘to provide the support people need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness and understanding’ (NHS England, 2024:3). Under the new NHS England policy framework¹, employees who have a miscarriage will now receive up to 10 days additional paid leave. Those employees who have a loss after 6 months of pregnancy, defined as a still birth, will remain eligible for paid maternity leave.

NHS Scotland (2024) has also addressed the issue of baby loss due to miscarriage by stressing the importance of supporting employees during this difficult time. This includes making known the range of support available around employee counselling and occupational health services. This is important as the employee ‘may need time off work during this time. Time off should be facilitated through special leave and sickness absence’

(NHS Scotland, 2024:14).

Given that the majority of people wanting to start or grow a family are of working age, it’s safe to assume that most of these losses happen to individuals who are in employment and, when dealing with the physical and mental wellbeing impacts of loss and grief, employer support can be very valuable (CIPD, 2022a).

¹ Note on NHS England people policy frameworks: The people policy frameworks can also be added to, or improved upon, through local discussion and agreement. Nothing in the national people policy frameworks automatically overrides local terms unless agreed at local level.

Pregnancy and maternity while on secondment:

Secondments are temporary arrangements during which time the NHS employee continues to be under their employment contract with their substantive NHS employer. This contract does not terminate because of secondment. A secondment involves a tripartite agreement between the NHS employer, the host organisation, which could be another NHS organisation or external organisation, and the NHS employee. A secondment agreement should set out the terms and duration of the secondment. A key principle of the secondment arrangement is the expectation that the NHS employee will return to their substantive job at the end of the secondment (NHS Employers, 2024; Public Health Wales, 2021).

As an NHS employee on secondment, being pregnant or adopting a child or going on maternity leave, must not be impacted by the secondment. All existing protections on the grounds of pregnancy and maternity discrimination and rights to statutory maternity leave and pay must remain in place. If eligibility conditions of 12 months continuous service with an NHS employer is met, the right to receive paid and unpaid occupational maternity leave and pay, continues. You cannot be refused a secondment because of pregnancy, and you are entitled to apply for a secondment whether knowingly or unknowingly pregnant. You cannot be treated unfavourably.

During a secondment: ‘Liabilities and Indemnities... will remain the responsibility of the Employer Trust for all costs and checks in relation to the employment of appropriately qualified staff. This includes...Maternity / Paternity / Adoption leave’ (NHS Employers, 2019:18).

Consultation during redundancy and reorganisations:

The recent improvements to the protections from redundancy are welcome, yet discrimination experienced by women during pregnancy and maternity leave has been a persistent problem. This is particularly the case during a redundancy and reorganisation process.

A report by Adams et. al., (2016) found that ‘around one in 20 mothers (6%) were made redundant at some point during pregnancy; maternity leave; or on return from maternity leave’ (p121). The research highlighted how some mothers (1%) experienced compulsory redundancy, were not offered an alternative position and no other employees were made redundant. Moreover, although 27% were offered an alternative position at the same or higher level, 48% were NOT offered an alternative position of any kind. Larger employers (13%) were ‘most likely to have made pregnant women redundant, rising to 14% among large public sector employers’ (p.122). A Maternity Action (2017) report found mothers being made redundant on return to work after requesting flexible working.

“The biggest issue now is connected to organisational change. When someone is on maternity leave, quite often KIT days are not planned or structured properly. The person on Mat leave needs know what’s happening during the whole change process. They need to be included the process including consultation meetings, inviting them to 1:1s, and agreeing job descriptions. The employer should not leave it until the person returns and it’s too late to engage.”

Rosie Bartram, MiP National Officer

A key issue that has arisen during a redundancy and reorganisation process across the MiP membership is around the lack of consultation whilst on maternity leave. The issues centre around the fairness and transparency of the consultation process, and whether women on maternity leave were meaningfully involved and consulted whilst they were on leave.

Making the most of keeping in touch days (see MiP Pregnancy and Maternity Checklist), as well as other agreed forms of communication during the leave period, is essential. During maternity leave, any organisational change proposals that may have implications for the employee must be communicated. Employees have the right to be meaningfully involved and consulted on any changes that may affect them as if they were not on maternity leave. Where redundancies are likely, consultation and involvement is crucial. Consultation must take place around any reasons for redundancies, any posts that are affected, what the selection and assessment criteria is, and suitable alternative employment must be discussed (UNISON, 2024).

Employees who are pregnant, taking maternity leave, adoption leave or shared parental leave and are at risk of redundancy are protected from redundancy. This is from the beginning of the notification to the employer of their pregnancy until 18 months after the birth. They must be offered suitable alternative employment, where one exists (ACAS, 2024). The protected period from redundancy applies throughout Maternity Leave, Adoption Leave and Shared Parental Leave (UNISON, 2024). Fathers or partners taking six consecutive weeks of shared parental leave are also protected. It does not apply to paternity leave. Suitable alternative employment must be offered to anyone who has this redundancy protection and they have priority over other employees. Automatic unfair dismissal is likely to occur if this does not happen (ACAS, 2024b).

Discriminatory perceptions of parents at work

Returning to work as a working parent can be a daunting experience and the reception that employees get when they do return to work will really impact on how they manage the change. A supportive environment is needed but some evidence shows that there can be negative responses to work-life balance arrangement and childcare needs.

Work-life balance

Part of the work-life balance agenda is the capacity to work flexibly. Research suggests that 38% of mothers found it difficult to broach the subject of flexible working with their employer and did not request the flexible working that they wanted. This was either because they thought it would not be approved or thought the employer would perceive the request negatively (Adams et. al., 2016). The same research found that where there is little or no active promotion or discussion of flexible working the problem of feeling able to request it is compounded.

New legislation introduced in April 2024, the Employment Relations (Flexible Working) Act 2023 (GOV.UK, Flexible Working) makes this right to request flexible working a day one right for all employees and will no longer need to explain how the request will impact on the organisation.

“Work-life balance is now the most common reason for staff leaving the NHS and staff are increasingly seeking opportunities to work in more flexible ways. There is also a clear link between increased opportunities for flexible working and better staff engagement and retention.”
(NHS Provider, 2024).

Employers must consider the request within 2 months, must consult with the employee making the request and can only be refused by a prescribed statutory reason. This includes issues around the effect of the request on cost, quality, and performance.

As employment legislation is devolved in Northern Ireland to access the right to request flexible working, 26 weeks continuous service is required before applying (NIDirect, Flexible Working and Work-life balance).

A workplace culture that positively embraces and promotes the right to request flexible working for all groups of working parents needs to be developed. Flexible working is a key way of supporting working parents and enabling a better work-life balance.

Childcare and working parents

Accessing affordable and available childcare is a longstanding issue for working parents. Where there are workplace or other nurseries, places are often oversubscribed or may not operate opening hours in line with working parents shifts and working commitment. Childcare options may involve using childminders, family members or changing or reducing working hours to be able to provide childcare. Childcare creates significant challenges for all working parents but in particular working mothers. A recent survey of 3,000 parents of under school age children (Fawcett Society and Total Jobs, 2023b) found that working mothers:

- quit their jobs (20%) or turned down promotion (40%)
- prevented them from asking for support from their employers because of previous negative attitudes (27%)
- were unsure of their workplace rights (29%)
- felt uncomfortable bringing up issues about their childcare needs with employers as they worried about the perception of lack of commitment to their job (40%)

NHS employers can play a vital role in supporting working parents by actively promoting the range of policies available to working parents this may include parental leave and carers leave. They can also support by signposting to government schemes that help with childcare costs and tax-free childcare schemes. Some NHS organisations will have workplace nursery facilities either on site or as partnership arrangements with local nurseries.

These initiatives help support working parents practically but also helps create a workplace culture that values the contributions that working parents and in particular working mothers make to delivering NHS services.



“We need to draw more on NHS values in our work with pregnancy and maternity issues. Care, Compassion, Competence, Communication, Courage, and Commitment – these are all values essential to high quality care. A lot of the Trusts and ICBs may have variation on this, but they generally follow the same principle. We need to ensure they follow these values when looking at pregnancy and maternity issues”.

Rosie Bartram, MiP National Officer

MiP Pregnancy and Maternity Leave Checklist

Introduction:

Leave and Pay for New Parents in Section 15 of the national terms and conditions handbook include provisions for maternity, paternity, adoption, surrogacy arrangements, miscarriage and still birth and shared parental leave. This MiP Pregnancy and Maternity Leave Checklist provides a summary of the main provisions around maternity and adoption leave and pay. It is designed as a checklist with some highlight issues and procedures to follow and consider. However, it is always advisable to familiarise yourself with the more detailed provisions in the handbook and any local agreements that may offer enhancements.

Ante-natal appointments:

Health and wellbeing are of paramount importance during pregnancy at work. Taking time off to attend pregnancy related ante-natal appointments, are provided for in law.

During pregnancy, NHS employees can take paid time off to attend ante-natal appointments including medical appointments, as well as birth and parenting classes.

A pregnant employee's partner which includes their spouse, a civil partner or a partner in a long term-relationship is also entitled to unpaid leave to up to two ante-natal appointments up to a maximum of six and half hours for each appointment.

<p>Pre-adoption meetings:</p> <p>NHS employees who are attending assessment meetings for adoption can take reasonable paid time off to attend.</p>	
<p>New and expectant mothers' risk assessment:</p> <p>Make sure that there is a new and expectant mothers risk assessment conducted so that you are working safely.</p>	
<p>Leave and pay for new parents:</p> <p>In summary:</p> <ul style="list-style-type: none"> • All employees are entitled to 52 weeks maternity or adoption leave. • Eligibility criteria for the NHS occupational maternity and adoption leave and pay scheme is dependent on 12 months' continuous service, that is with one or more NHS employer. • For occupational maternity leave and pay that is 12 months continuous service at the beginning of the 11th week before the expected week of childbirth. • For adoption, that is 12 months continuous service at the beginning of the week of notification of being matched for adoption or the 15th week before the baby's due date for a surrogacy arrangement. • If eligible, there are options for taking combinations of maternity or adoption and shared parental leave within the 52 weeks. <p>Where there is a local agreement, check for any other benefits and or additional leave and pay arrangements.</p>	

Accrued annual leave:

Annual leave will continue to accrue during maternity and adoption leave. By agreement, accrued annual leave can be taken at the end of the formal period of maternity, adoption or shared parental leave.

Notification requirements and starting maternity or adoption leave:

During pregnancy or adoption or surrogacy processes notification requirements need to be followed:

- For maternity leave, this involves notifying your employer in writing of your intention to take maternity leave and intended start date, along with providing a MATB1 form. This should be done before the end of the 15th week before the expected date of childbirth. Or if this is not possible, as soon as is reasonably practicable thereafter. MATB1 forms are obtained/completed by midwife or doctor
- For adoption leave, the notification to the employer in writing of intention to take adoption and intended start date before the end of the week of being matched with a child for adoption. Along with confirmation in writing of the matching decision from their placing authority.
- For surrogacy arrangements, notification must be the 15th week before the baby's due date along with a parental statutory declaration of the intention to apply for a parental order.

To access the occupational scheme along with service requirements, there is also a requirement to notify the employer of the intention to return to work for at least 3 months.

NHS Occupational Maternity and Adoption Leave and Pay:

Maternity Leave 52 weeks Total	Maternity Pay	Adoption Leave 52 weeks Total	Adoption Pay
First 8 weeks	Full pay less any statutory MP or MA receivable	First 8 weeks	Full pay less any statutory Adoption Pay receivable
Next 18 weeks	Half pay plus statutory MP or MA	Next 18 weeks	Half pay plus statutory Adoption Pay
Following 13 weeks	Statutory MP or MA	Following 13 weeks	Statutory Adoption Pay
Final 13 weeks	Unpaid	Final 13 weeks	Unpaid

Calculating maternity and adoption pay:

The NHS occupational maternity and adoption scheme calculates full pay using the same average weekly earnings rules as those used for calculating Statutory Maternity and Adoption Pay entitlements.

With regards to pay increases because of a pay award or the move to a higher pay point, if it is implemented before maternity or adoption leave begins, pay should be calculated with the award factored in for the duration of the maternity or adoption leave period. If it is applied during the maternity or adoption leave period or applied retrospectively, the maternity and adoption pay should be re-calculated to include the award.

If there is a prior agreement with the NHS employer, both occupational maternity and adoption pay may be paid in a more evenly distributed way over the maternity and adoption leave period. For example, this could be a fixed amount agreed during the leave period.

Making the most of Keeping in Touch Days:

During maternity or adoption leave Keeping in Touch Days (KITs) are an important way of ensuring you are kept up to date with any developments that impact on you or your team.

Before going on leave consider and agree with your manager the arrangements, management, and frequency of the KITs while on maternity or adoption leave. KITs can be used:

To continue to be made aware of any team or department learning and development or training days that you may wish to participate in while on maternity or adoption leave.

To discuss and raise issues around any organisational change issues either during your maternity or adoption leave period or that are planned in the future around your return to work dates that may impact on your role. You need to be made aware of any changes and you must be consulted and kept informed about any related developments.

At any time during the maternity or adoption leave period it is important to begin considering, finding, and securing the childcare support you will need for your return to work. Childcare is a key issue for many working parents and the employer can support you in different ways by providing information and signposting to government tax-free childcare schemes.

Being aware of the wider range of support offered to returning parents such as parental leave, as distinguished from the first year shared parental leave period, is also available along with emergency care support.

Other return to work issues that should be raised during the KITs is the right to request flexible working and being aware of the process involved to request it.

Shared Parental Leave and Parental Leave:

There are two different types of parental leave; Shared Parental Leave available to those who are eligible in the first year after the baby is born and parental leave available thereafter.

Parental Leave

Parental Leave is a non-transferable individual right to at least 18 weeks' leave, and is unpaid, unless a local agreement has provisions for paid leave. Parental leave is for NHS employees with nominated caring responsibilities for a child up to 18 years old.

Shared Parental Leave

Shared parental leave is available to eligible NHS employees taking maternity leave who can opt to share 50 weeks of their maternity leave with the father or partner under the shared parental leave scheme. If the father or partner is eligible for shared parental leave, combinations of maternity leave taking and shared parental leave taking mean that either parent can share leave and pay arrangements.

Statutory shared parental leave pay is available for up to 37 weeks less any statutory maternity pay or allowance, or statutory adoption pay that has already been claimed. Eligibility requirements are that the employees wishing to use shared parental leave must; have caring responsibilities from the day of birth or adoption of the child, comply with notification requirements of changes from maternity leave to shared parental leave, and have continuous employment and earnings requirements (see ACAS, 2024c).

Eligibility for the NHS occupational scheme also requires a continuous service for 12 months for access to enhanced pay. Local agreements may offer enhancements to the statutory scheme and NHS occupational scheme. The NHS occupational scheme entitlement to pay is set out below.

NHS Occupational Shared Parental Leave and Pay:	
Shared Parental Leave 50 weeks Total	Shared Parental Leave Pay
First 6 weeks	Full pay inclusive of less any statutory shared parental leave pay
Next 18 weeks	Half pay plus statutory shared parental leave pay
Following 13 weeks	Statutory shared parental leave pay
Final 13 weeks	Unpaid

“The MiP member advice service has hardly received any queries about shared parental leave - just one query since I started in the role in May 2023. It is all new or expectant mothers who come forward. This is surprising because the entitlements for new parents is progress in gender equality and sharing leave more equally to provide parental care? The absence of queries tells us that people are reluctant to use it and that is something we should be looking at”.

Franco Henwood, MiP Member Advice Coordinator

References and Resources

References

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NHS Scotland (2024) *Maternity Policy:* [Maternity Policy Overview | NHS Scotland](#);

NHS Terms and Conditions of Service Handbook: [NHS Terms and Conditions of Service Handbook | NHS Employers](#);

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UNISON (2022) *Protecting the health and safety of pregnant workers and new mothers in the workplace: A toolkit for UNISON trade union reps:* unison.org.uk/2022/pregnancy-toolkit.pdf;

UNISON (2024) *Negotiating for Working Parents:* [Negotiating-for-working-parents-January-2024v3.pdf \(unison.org.uk\)](#);

Resources:

There are a variety of resources relating to Pregnancy and Maternity available on the MiP, FDA, UNISON, TUC, ACAS, EHRC and Maternity Action websites

Pregnancy and Maternity Legislation:

GOV.UK: **Pregnancy and birth - GOV.UK (www.gov.uk);**

GOV.UK: **Maternity pay and leave: Overview - GOV.UK (www.gov.uk);**

NIDirect: **Pregnancy and maternity rights in the workplace | nidirect;**

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Pension treatment of maternity leave:

NHSBSA information: **Pension contributions**

BMA guidance:

Maternity, paternity and adoption leave and your pension





www.miphealth.org.uk