**Advice for Pregnant Anaesthetic Trainees in The Northern Deanery**

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**1. Introduction**

Congratulations! You are pregnant, but now what do you do? I found it a bit confusing when I got pregnant so I wrote this document aiming to provide some information on who to speak to, what meetings and forms are required and some general advice on coping at work. I was at the RVI at the time of my first pregnancy and, although I have tried to make this generic to any hospital in the region, there may be differences at other hospitals. HR or your College Tutor should be able to help.

**The information in this document has been checked and should be correct as of March 2023.** If you find any discrepancies, please let us know by emailing [ltftnorthern@gmail.com](mailto:ltftnorthern@gmail.com)

**1. Who to inform you are pregnant**

**At the LET:** **HR: nhc-tr.letsurgeryfamily@nhs.net**

The LET can help you with all of your maternity leave forms, advise on how to organise your Risk Assessment (*section 4*), plan your maternity leave and liaise with Payroll. You must submit your Maternity Leave Application Form before 25 weeks (*section 5*).

**At the Hospital:** Your **Educational Supervisor** and **College Tutor**

Note your ES will remain your ES throughout your maternity leave and when you return to work, and therefore should remain your first point of contact during this period (for

organising KIT days etc)

**The Rota writers and Secretaries**

For antenatal appointments, which you are entitled the time off for, rota allocations, and to discuss if and when you wish to stop doing night shifts or on calls (see section 7 below). Please advise all of the relevant people in plenty of time for appointments etc. (once you have your due date it is fairly easy to work out when you will have appointments)

**HR at hospital**

This is usually who the LET HR will first refer you to in order to find out who will perform your **Risk Assessment** *(see below)*

It is entirely up to you when and who else you inform at work.

**NSAICM:** You should inform your **Training Programme Director (TPD)**

They will help to organise and plan your training around Maternity leave/ flexible working hours. You will also need to contact them before you come back to work to plan your return.

**ARCP**: Kate Cockbain (Kate.Cockbain@hee.nhs.uk)  *or* [nsaicm.arcp@nhs.net](mailto:nsaicm.arcp@nhs.net)

They will adjust your ARCP dates and advise on how this will work. You may have an ARCP before you go off to confirm where you are in training, what else you need to achieve and when you should have your next ARCP.

**RCOA and Memberships:**

You do not need to inform the **Training Department at the RCOA** until you return to work. You will then need to email them to let them know of the length of time you took out of training (i.e. dates of your maternity leave and annual leave – the AL will count towards your training) and whether or not you have returned LTFT (less than full time). Depending on what stage you are at, the college and ARCP panel will be able to advise on when you will step up to the next year of your training and the college will then confirm your new CCT date.

However, it is worth contacting the **Membership Department** ([membership@rcoa.ac.uk](mailto:membership@rcoa.ac.uk)*)* as they now allow reduced membership fees for people on leave or working LTFT, as do the **AAGBI** and most **Indemnity Insurance** providers. Remember to also inform them when you go back to work.

**3. Appointments**

You are entitled to attend all antenatal appointments and antenatal classes so there should be no issues in arranging cover for them. I found it best to inform as many people as possible well in advance to ensure no problems in getting the time off. At a minimum inform the Anaesthetic secretaries and Rota Writers, as you would for all leave requests. You may be doubled up or allocated leave. If doubled up it is helpful to inform whoever you are working with in advance, in case they are mentoring elsewhere or also have other commitments.

Once you have met your midwife and your due date is calculated, it is quite easy to work out what days your appointments will fall on, as they will generally see you in the same clinic each time and the weeks you are due to see them is written in your maternity notes.

**4. Risk Assessment**

It is compulsory to get a Risk Assessment at each hospital you work at during your pregnancy and ideally it should be done as early as possible.  The meeting is confidential, so you can organise it yourself before you tell anyone else if you wish.   Note this is done differently at different hospitals. At the RVI it is done by one of the Health and Safety Officers who will arrange to meet you at a convenient time and location for you. Elsewhere it is often done by your ‘line manager’, i.e. your Educational Supervisor or College Tutor.  If they are not sure, contact Occupational Health at the trust you are working at for advice. Once completed the form needs to be sent on to the LET HR, usually via the HR at the hospital.

The meeting takes about ten minutes. You confirm you are pregnant and advise them of your due date and any issues so far. They will tell you what you can and cannot do and are available as another source of help and advice if you have any issues or difficulties during your pregnancy. Although I did not learn a lot of new information at my risk assessment, it was helpful to remind me that I had to look after myself and the baby and helped me to speak out in situations where I may have otherwise felt uncomfortable.  It is almost like signing a contract with the hospital to look after yourself and baby during pregnancy.

The main hazards for anaesthetists are unscavanged gases (avoid gaseous inductions where possible), moving and handling (particularly important moving patients and beds down corridors), radiology and infectious diseases. You may be given extra advice if you have a high-risk pregnancy or have had previous miscarriages, so it is important to attend this meeting. Also remember practically you should only do what you feel comfortable doing and most colleagues will support you if you do not wish to be involved in something.

Radiology - Advice may vary between hospitals and departments. The baby will be protected if you are wearing lead, so you can continue to be around standard x-ray cases in theatre as long as you wear a lead apron, but be aware of the weight if you are wearing it for a long period of time. The lead in the aprons are checked once a year to ensure there are no holes or cracks in them, but it is worth looking at them quickly to ensure there is no obvious damage. Lead aprons will usually have a tick on the label to indicate the thickness, as either .25 or .35. Both should provide adequate protection, but you may prefer to wear the thicker .35 lead. You may also prefer to wear the skirt and top, which will give you extra layers of coverage around your middle, as well as being less weight on your back and shoulders. Also remember that as you move further back from the x-ray beam the radiation reduces exponentially, so the further away you are the less radiation you are exposed to.

However, the doses and lengths of procedures in neuroradiology, interventional cardiac or vascular cases is higher and you . If you are due to do your neuroanaesthesia or cardiothoracic anaesthesia blocks whilst you are pregnant, speak to the lead consultant for that attachment and discuss your options. You may be able to help set up the case to see what is involved, leave prior to the case starting and complete an appropriate SLE. Another option is if you return to that hospital following maternity leave you may be able to do radiology cases during your return to work period to complete the recommended requirements.

There is no real evidence regarding MRI in pregnancy, but it is generally deemed to be safe.

The list of Infectious diseases that may pose a risk to the foetus, include Influenza, Hepatitis A, B and C, HIV, Herpes, TB, Syphilis, Chickenpox (Varicellazoster), Typhoid, Rubella, Toxoplasma, Cytomegalovirus (CMV), Listeria, Parvovirus. You should avoid contact with any patient suspected of having any of these. Currently you are advised to get the influenza vaccine as early as possible and Pertussis (Whooping cough) vaccine after 16 weeks by your midwife.

**5. Maternity Leave Application Form Between 20-25 weeks**

This will be sent to you by the LET HR and needs to be completed, signed by your College Tutor, and then returned with your MATB1 form, which you get from your midwife after the 20-week scan. Both documents need to be sent in at least 15 weeks before your expected due date (i.e. by 25 weeks). You will need to provide your due date and the dates you wish to take for maternity leave on this.

Everyone must take 2 weeks compulsory maternity leave and you can take up to 1 full year. Maternity leave will start on your chosen date or, if baby arrives earlier, it will start from the date of birth of the baby. You can go off on Maternity leave any time from 29 weeks. If you have been working in the NHS for more than 12 months continuously and 26 weeks in the LET continuously you are entitled to 8 weeks full pay, 18 weeks half pay, 13 weeks statutory pay, 13 weeks unpaid. Calculation of pay is worked out from the 2 months up to 25 weeks gestation.

Once your forms are complete and the leave has been approved, the information will be sent across to pay roll so that they can calculate your maternity pay. You can get your maternity pay as it comes or averaged out over the whole period.

HR will send out a confirmation letter to yourself, trust HR, TPD, Trudie Heron and the education team. Please let them know if you do not want any of these people notified until a certain point in your pregnancy.

In the past there has been some misunderstanding that you need to take your entire annual leave (AL) allocation for the whole year prior to going onto maternity leave. This is not the case. You should only take the proportion of AL appropriate to what you have worked up until going on maternity leave. For example, if you are 6 months into your training year you will need to take half of your yearly AL before you go on maternity; the remaining 6 months AL will be taken at the end of your maternity leave.

Obviously if you still have AL to use up when you plan on starting Maternity leave it makes sense to take that first and then your Maternity leave, for example if you still had 5 days AL, take that first and start your maternity leave a week later. Alternatively, I quite liked staggering my days off in the last couple of months of pregnancy to make working a little bit easier.

You will accrue AL during Maternity leave, including Bank holiday days (as if you worked all of the bank holidays). Most people will just tag this straight on to the end of their Maternity leave, if you don’t you can use it up to 18 months after you return to work. The Mat leave form has a box to tick for this, and HR will calculate your return to work date. A brief note that if you wish to claim pay for any Keeping In Touch (KIT) days (see below), these need to be taken during your Maternity Leave rather than your Annual Leave at the end.

**6. Shared Parental Leave (SPL)**

Shared Parental Leave has been available since 2015 to anyone having a baby or adopting a child. It is an opportunity for partners to take time that would have traditionally been allocated as purely maternity leave allowing you to either have time off together, or to allow mothers to return to work while partners assume childcare duties.

Following the mother’s statutory 2 weeks maternity leave you can share the full 50 weeks of leave and 37 weeks of pay between yourselves during the first year after birth/adoption. You can also split it into multiple blocks, but may need to agree with your employer if you want multiple blocks of leave with return to work in-between. Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP) are different and eligibility can be checked on the gov.uk website but for NHS employees is straight forward. You can only start SPL once the child is born. You must give at least 8 weeks’ notice to change periods of SPL.

Your partner will have to contact their employer regarding their options for shared parental leave and their pay calculations. If you both work within the NHS and your partner takes SPL when you (mother) return to work, their pay will be calculated from where yours left off, i.e. full pay up to 8 weeks, half pay for the next 18 weeks, statutory maternity pay for 18 weeks, nothing for the last 18 weeks. If you both want to be off at the same time, your partners SPL pay will come from the portion of pay you would get at the end of your maternity leave (plus ShPP if within this window). i.e. it may be in the unpaid/statutory maternity pay portion of your maternity leave if you take more than 26 weeks between you.

Working out your pay can be very complicated and there are some grey areas, such as whos’ pay you can take if you are both off at the same time and are different earners so discuss early with the LET.

Forms you will need to fill in are on the HEENE website as well as filling in your statutory paternity leave form you will need the “Partner taking Shared Parental Leave and Pay”. The “Parental Leave Policy” document encompasses shared parental leave information. When you return from SPL you must contact the college to re-calculate your CCT date just like maternity leave.

**7. When to come off on calls and start maternity leave**

Deciding when to stop doing on calls and when to go off on Maternity Leave may be one of the most difficult parts of the process! It is difficult to predict how the pregnancy will progress and how you will feel. I surveyed some other trainees to find out what they did before choosing dates for myself.

Most people

* Stopped nights around 28-30 weeks (although some preferred night shifts to long days, particularly in less busy hospitals)
* Stopped on calls around 32-37 weeks. However, it is important to note that this will have implications on your pay and your training, as technically a period where you are not doing on calls may not count towards your training. If you are taken off on calls following a GP or OH recommendation then pay will not be affected.
* At the RVI Obstetric/PINC/Orange on calls may be more difficult so you may prefer to go onto the First or Emerald on call shifts (although there is no obligation to do so) – speak to Iain Jones
* People went on Maternity leave anywhere from 32-38 weeks, but most around 34-36 weeks, depending on health, the pregnancy, size of baby/bump etc.

My advice would be to think about the intensity of the shifts and what support you would have available if you required help (is there someone else in hospital, would it be easier to get help on a day shift rather than a night shift), and how you cope with nights and on calls in general, and try to decide what is best for you. From my experience and word from others, rota makers are generally sympathetic to pregnant trainees and there have been no reported problems for people coming off nights or on call rotas.

**8. FORMS**

Taking time out and returning to training is now a much more structured process, via SuppoRTT which is Supported Return To Training. I hope to develop more information on this and make it available to you on the NSAICM website, but in the meantime if you have any queries, please feel free to contact me directly, or Linda Waddilove who is the regional SuppoRTT lead for HEENE. The HEENE website has a helpful guide with the relevant information and forms required: **Health Education England Support Return to Training Guidance (SuppoRTT) guide**:

[https://madeinheene.hee.nhs.uk/Portals/106/SuppoRTT/HEENE%20SuppoRTT%20Guidance%20June%202019.pdf?ver=2019-07-08-091711-833](https://madeinheene.hee.nhs.uk/Portals/106/SuppoRTT/HEENE%2520SuppoRTT%2520Guidance%2520June%25202019.pdf?ver=2019-07-08-091711-833)

This explains what is required during your absence and return to work and has all of the Return to Training forms (**Pre-absence Meeting, Initial Return and Review**) in the appendices, although online versions of these are now available in my links below, as well as links to other sources of information. I recommend this document for up-to-date information on the paperwork required by the LET, but have summarised the key points below.

For training and ARCP you will also have to fill in an **ESSR** before you finish. As with everything, all forms need to be uploaded onto your Lifelong Learning Platform.

**8a) Finishing work**

* **ESSR**

Before you finish you need to complete an **ESSR** on the Lifelong Learning platform, no matter whether you are at the end of a block or not. This helps to tie things up before you go on leave and aid planning for your return to work.

* **Pre-absence Form**

<https://healtheducationyh.onlinesurveys.ac.uk/supportt-pre-absence-form-3>

You are required to have a pre-absence meeting with your TPD (or ES if agreed with TPD). An online version of this form should be available on this link, alternatively paper forms are in the appendices of the HEE guide above. This form confirms that you have informed everyone you need to, and know what you have completed and what you still have to cover when you return to work. You can also discuss any planned CPD activities or KIT days.

**8b) During Maternity Leave**

Your ES remains your ES throughout your maternity leave and is a useful contact while you are away from work.

* **KIT (Keeping in Touch) days**

You are entitled to 10, fully paid, KIT days during your maternity leave. These can be for study leave or normal work days. The forms to request these days can be found with the other forms on the MadeinHEENE website:

<https://madeinheene.hee.nhs.uk/lead_employer_trust/forms>

They need to be signed by you and your College Tutor before they are sent to HR at the LET.

Please note you can only claim for these during your parental leave, not your annual leave, so if you have annual leave tagged on to the end of your maternity leave, which is the norm, you might not get paid for doing KIT days in those few weeks running up to returning to work.

There are various return to work courses and sources of help now, mostly coming under the umbrella of SuppoRTT (Supported Return to Training).

You should contact the NSAICM Trainee Representative at [rtw.nsaicm@gmail.com](mailto:rtw.nsaicm@gmail.com) to ensure you are on the list to flag up upcoming return to work events.

Locally HEENE run a cross specialty zoom SuppoRTT course and A-line run an anaesthetic/ICM Return to Work course in person. These, along with any course or study days, can also count as one of your KIT days.

**8c) Returning to work**

Returning to work can be difficult and it can take longer than you might expect to feel comfortable at work again. It takes time to get used to work again, as well as balancing work and home commitments. There are a few forms and meetings that are required, which I have listed below.

I recommend having a think about what might be helpful for your confidence when returning to work. It might be worth speaking to whoever allocates lists and asking to do the same list, or join the same consultant on a regular basis for a period of time. This bit of consistency can really help you get back in the swing of doing the basics, and also means you don’t have to keep telling new people you have just returned after a period of absence, as many people may assume you have just come from another rotation! It is also encouraged for you to do some day time emergency cover before out of hours on calls. As always, it is a great form of support if you can find colleagues who have been through it before, particularly recently. SuppoRTT is a relatively new and developing concept. Again please feel able to contact me with any queries or concerns around this as it is another project that I am actively involved in.

Forms for returning to training:

* **Initial Return Meeting** with your TPD or ES *(link to online form)*

<https://healtheducationyh.onlinesurveys.ac.uk/supportt-initialfollow-up-review-form>

***Before*** you return to work you should have an Initial Return Meeting. If you have been away from work for over 6 months this meeting must be with your TPD; if less it may be delegated to your ES. The meeting should take place 6-8 weeks before you return to work and the aim is to create an individualised plan for your return. It covers things like supervision of work when you first come back, induction and when you are happy to go back on call.

You should also inform the relevant people organising leave and the rota, of your return date, leave/on call requests and how long you wish to be treated as ‘supernumerary’ for. This can be via the changeover forms, which you should receive every 6 months as usual, and/or by individually contacting or e-mailing the relevant people.

It is recommended that you have two weeks supernumerary before commencing on solo lists and on calls. However, this is relatively new guidance so I would recommend that you specifically request this in changeover forms and check this has happened with your rota. Similarly, you should be allowed to work in a supernumerary way until you feel happy and are comfortable to return to normal full duties. However, please note that if you require longer than two weeks, this extra time may not count towards your training.

* **Return Review Meeting** *(link to online form)*

<https://healtheducationyh.onlinesurveys.ac.uk/supportt-initialfollow-up-review-form>

Upon your actual return to work you should have an informal ‘catch-up meeting’ with your ES within the first week, in order to discuss the goals set out in your Initial Return Meeting and any potential issues or concerns you might have. When you are near the end of your ‘supernumerary/enhanced supervision’ period, i.e. usually in your second week of return, you should have a more formal **Return Review Meeting** (*again in the link*) with your ES. This essentially signs you off to go fully onto your normal on-call rota.

**9. LTFT training**

This is the HEENE guide to LTFT training:

[https://madeinheene.hee.nhs.uk/Portals/14/Less%20than%20full%20time%20training%20Policy%20V6.pdf](https://madeinheene.hee.nhs.uk/Portals/14/Less%2520than%2520full%2520time%2520training%2520Policy%2520V6.pdf)

Full time work averages at 48 hours/week, 80% is 38.4 hours/week, 60% is 28.8 hours/week.

If you work 80% one training year becomes 15 months; 60% one year becomes 20 months.

You do not need to decide to apply for LTFT before going on Maternity leave, but it needs to be done and approved before you return to work. Contact your TPD to approve your LTFT request and they will inform HR at the LET, who will send you the relevant forms for your ES and TPD to sign. Obviously on your return you will need to inform the RCOA of this along with your leave dates for them to calculate your new CCT date. It is probably also useful to inform the rota coordinators and course directors wherever you are going, and it is useful to know that there are LTFT Consultant Leads who are an extra resource at each hospital. They can be found on the above link.

I think it is generally easier to come back at reduced days and build up, rather than drop days later on. Therefore, if you are not sure if you want to come back part time or not, perhaps plan to come back part time initially and see how you feel. Please note, you can usually only change your hours once in a 12 month period unless agreed by TPD/HR.

There is an ever-expanding group of us working LTFT in the region. We are represented on the trainee committee and usually meet twice a year to discuss any issues and catch up. Please email [ltftnorthern@gmail.com](mailto:ltftnorthern@gmail.com) to join our mailing list, and to find out about any of the following. We have a WhatsApp group for trainees with young children for all work and non-work related help and advice. We try and meet up every few months for a playdate! If you would like to join this group please let me know. We also have a members-only facebook page that you can request to join at Northern Deanery LTFT Anaesthesia, which has a useful network of experienced LTFT trainee contacts.

Working LTFT is another thing to adapt to! Please contact us if you have any questions or concerns.

**10. Common Problems in Pregnancy**

Being pregnant is not easy, and it is also a very individual experience for each person. Most trainees have experienced some form of difficulty, from hyperemesis and fatigue, to SPD and back pain, to antenatal bleeding and foetal growth concerns. And then there is stress, ‘baby brain’, and adjusting to a life changing event! A few nice pieces of advice from people who have been through it:

* ‘Morning’ sickness is unpleasant and can be quite debilitating, but it will pass!
* Fatigue should not be underestimated. It is exhausting being pregnant! Be honest and tell people if you need a break.
* Ask for help with moving patients, particularly pushing beds down the corridors.
* Sit down when you can and take breaks when you can.
* Some things may upset you more than they would normally, especially on the labour ward. If you need some time out, tell someone.
* Many people recommend physiotherapy bands for SPD or you could stagger your AL days, to make your weeks shorter.

You may feel distracted or that you are not working to your best. That is normal! Most people are very understanding and many have been through it before, so talk about it. Sometimes a coffee and chat is all you need, or you may require some assistance at work, different lists, or even a few days off. Speak to your supervisors, midwife, friends, occupational health, whoever you need and look after yourself and your baby.

**11. Useful Links and Sources of Information**

The following links to LET forms and the HEENE SuppoRTT guide are repeated here from the main text above.

* Link to **LET forms** – for Parental Leave/KIT days/LTFT application:

<https://madeinheene.hee.nhs.uk/lead_employer_trust/forms>

* Health Education England Support Return to Training Guidance (**SuppoRTT**) **Guide**:

[https://madeinheene.hee.nhs.uk/Portals/106/SuppoRTT/HEENE%20SuppoRTT%20Guidance%20June%202019.pdf?ver=2019-07-08-091711-833](https://madeinheene.hee.nhs.uk/Portals/106/SuppoRTT/HEENE%2520SuppoRTT%2520Guidance%2520June%25202019.pdf?ver=2019-07-08-091711-833)

**RCOA & Association of Anaesthetists Less that Full Time Training Guideline 2019**

Extremely useful guide for LTFT training

<https://rcoa.ac.uk/sites/default/files/documents/2019-12/LTFT-Guide2019.pdf>

There are further resources on both the RCOA and AoA websites

**BMA**

* Information on Maternity leave, pay, working LTFT etc

Also The **Academy of Medical Royal Colleges** have a ‘**Return to Practice Guide’**

<http://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revison_0617-2.pdf>

**Educational Supervisors, College Tutors, Colleagues, Friends**

**Northern Deanery LTFT Anaesthesia Facebook group** and **WhatsApp group** where you can ask all manner of questions and find support from people who have done it all before. Contact [ltftnorthern@gmail.com](mailto:ltftnorthern@gmail.com) to be added

<https://gasmummy.wordpress.com/> This website has useful information on risks during pregnancy as well as leave and returning to work

***Thank you***

*Being pregnant at work can be difficult and there is a lot to adapt to and to think about. There are a lot of us around who have been through it however, and we are all keen to help each other out!*

*Thank you to the many people who have helped and advised with this document. I try to review and update it once a year - if you have any suggestions or comments please let us know*

*Nish & Sarah*

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