PREGNANCY IN EARLY CHILDHOOD POLICY

Pregnancy is a time of great physical and emotional change that can lead to changes in the woman's ability to perform and manage certain types of work. Our Service is committed to ensuring the health, safety, and wellbeing of pregnant staff members by providing information, strategies, and ongoing support, as well as information about leave entitlements available to them.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration
88	Infectious Disease Policy
168	Education and care service must have policies and procedures
170	Policies and procedures ~~are~~ to be followed

RELATED POLICIES

Administration of Medication Policy	Immunisation Policy
Dealing with Infectious Diseases Policy	Nappy Change and Toileting Policy
Hand Hygiene Policy	Staff Leave Entitlement Policy
Health and Safety Policy	Work Health and Safety Policy

PURPOSE

Our Service supports the health, safety and wellbeing of pregnant employees through appropriate risk assessment and workplace adjustments. In doing so, the safety, rights and best interests of children remain the paramount consideration in all decisions, actions and practices. We understand that pregnancy can bring many changes to women's ability to manage certain types of work, particularly at 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.

SCOPE

This policy applies to ~~children,~~ families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

The steps to support 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 they can continue with their usual duties for the duration of their pregnancy. It is the employee's responsibility to raise and discuss any workplace concerns and/or issues with the approved provider or nominated supervisor. Variations to duties will be negotiated, and equipment that supports the health, safety, and wellbeing of pregnant employees will be provided.

HEALTH AND SAFETY

The potential risk of injury or ill health will be discussed with staff members who are pregnant in accordance with the Service's *Health and Safety Policy* and procedures. Where there is an identifiable risk associated with a pregnant employee's work, the approved provider/nominated supervisor will consult with the employee to examine how the work can be modified to eliminate or minimise the risk.

- The approved provider/nominated supervisor will maintain current information about their Workplace Health and Safety (WHS) responsibilities to their employees and maintain a safe workplace~~.~~
- In regard to infectious diseases, the approved provider/nominated supervisor will inform all staff about the potential risks to health that may arise through their employment at the Service.
- The approved provider/nominated supervisor will ensure that all employees are aware of the risks of Cytomegalovirus (CMV) exposure during pregnancy

- The approved provider/nominated supervisor will encourage pregnant employees of childbearing age to be aware of health risks, including:
    - exposure to specific infectious viruses/diseases or conditions that can have an adverse impact on pregnancy and the unborn child including COVID-19, Cytomegalovirus (CMV), Hand, foot and mouth disease, Human Parvovirus B19 (erythema infectiosum, fifth disease), Listeriosis, Rubella (German measles), Measles, Hepatitis B, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), Pertussis (Whooping cough), Toxoplasmosis and Chickenpox (varicella)
    - stress and burnout
    - swollen feet and varicose veins
    - heat stress
    - cigarette smoke (outside smoke-free zones)
    - chemicals and chemical fumes
- The approved provider/nominated supervisor will implement strategies that help reduce physical stress for pregnant employees, such as reducing physical tasks, such as sweeping and raking
- Pregnant women should avoid contact with cat faeces to minimise the risk of toxoplasmosis.

MANUAL HANDLING

To minimise the risk of back pain and back injury to pregnant employees and to comply with Health and Safety and other relevant legislation, we will:

- ensure pregnant employees 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
- advise pregnant staff to consult their doctor if they have any back pain or other health concerns during the pregnancy
- ensure that pregnant staff are aware of the following strategies to reduce the risk of back pain and/or injury; they will be encouraged to:
    - avoid bending over: use their knees and hips to lower self to the children's level or when picking something up from a low level
    - try to maintain a correct posture, as the growing uterus can frequently cause postural problems
    - try not to stand in any one position for too long
    - use footrests for raising feet when sitting
    - use correct lifting and carrying techniques

- ensure that furniture such as nappy change tables is at the correct height to avoid unnecessary bending
- use stepladders and trolleys if required
- use adult-sized furniture, for example, adult-sized chairs rather than children's chairs
- ensure that heavy or awkward items are stored at an appropriate height and close to where they are needed
- restrict lifting of children or heavy equipment.

Source: *The Pregnancy Centre* and *Child Australia.*

STRESS MANAGEMENT

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

- aware they are at a higher risk of stress at work because of changing abilities to meet usual work commitments
- aware that the risk of stress at work might increase with the progression of the pregnancy
- aware that they are entitled to take leave from work and should seek support from the approved provider/ nominated supervisor to arrange leave
- provided with assistance for leave planning with current information about their conditions of employment and leave entitlements
- encouraged to see their general practitioner/ obstetrician if they experience any stress or other health concerns during pregnancy to receive the support and care they need.

INFECTIOUS DISEASES AND IMMUNISATION

Due to constant close contact with children, staff at early childhood education and care services may be at an increased risk of contracting viruses and some vaccine-preventable diseases. Authorities advise against pregnant women receiving live viral vaccines during pregnancy or within 28 days prior to becoming pregnant. Therefore, women of childbearing age should ensure their vaccinations are up to date.

Common vaccine-preventable infections that may have an adverse effect on pregnancy include:

COVID-19

Pregnant women are at a higher risk of severe illness and complications from COVID-19, which can also

affect the health of their unborn baby. We recommend that pregnant staff members talk to their doctor about any concerns regarding COVID-19 and ask about the available vaccines, as these significantly reduce risks. Employees should also practice good hand and respiratory hygiene and wear masks.

RUBELLA (GERMAN MEASLES)

The greatest risk to the unborn baby occurs in the first 20 weeks of pregnancy, with a higher risk if the mother contracts Rubella in the first 10 weeks. Employees planning pregnancy should have a blood test to check their -immunity. Vaccination must be given at least 28 days before becoming pregnant.

MEASLES

This is a highly infectious viral disease that can cause serious complications to the unborn child. It spreads through direct and indirect contact with contaminated people or surfaces. The measles virus can survive up to 2 hours in the air or on surfaces. Just being in the same room as someone with measles can result in infection. Employees can minimise the risk of infection by paying particular attention to hand hygiene and ensuring that all staff and children use correct cough and sneeze hygiene practices. Employees must also ensure that cleaning practices are being conscientiously followed throughout the centre. This vaccination is not recommended during pregnancy: the non-immune employee should ensure that the vaccination has been received 28 days before becoming pregnant.

NOTE: The vaccination for Rubella and Measles is given together in the MMR vaccination (Measles, Mumps, and Rubella).

CHICKENPOX (VARICELLA)

Chickenpox is a highly infectious viral infection. In pregnant women, chickenpox can lead to birth abnormalities in the baby and other complications. The risk is highest during the first 20 weeks of pregnancy. Employees should be vaccinated before becoming pregnant, with 2 doses of the vaccine given at least 4 weeks apart. Pregnant women cannot receive the chickenpox vaccine. If a pregnant employee is exposed to chickenpox, they should seek medical advice as soon as possible, as they may be able to receive an injection of varicella-zoster immunoglobulin (VZIG).

HEPATITIS B

Hepatitis B is transmitted through blood and other bodily secretions. Adult vaccinations are available, but should not be received during pregnancy. However, all babies born in Australia receive the Hepatitis B vaccination at birth as part of the National Immunisation Program (NIP) Schedule. Employees must ensure that policies and National Health Medical Research Council (NHMRC) guidelines are followed for

managing exposure to blood and bodily fluids, including ensuring that wounds on children and staff are covered appropriately to reduce the risk of transmission.

INFLUENZA (FLU)

Influenza vaccinations are strongly recommended for pregnant women and can be safely given at any stage of the pregnancy. Vaccinating pregnant women also protects their infants from influenza in the first 6 months of their life. The employee should practice good hand and respiratory hygiene and use gloves.

PERTUSSIS (WHOOPING COUGH)

Pertussis can be a life-threatening disease for the newborn. It is recommended that the pregnant employee receive a pertussis vaccination in the second or third trimester of pregnancy, as evidence indicates this is more beneficial to the newborn than receiving the vaccination before pregnancy.

Pregnant employees must also be aware of infections for which there are no vaccinations and take the necessary precautions. These infections include:

CYTOMEGALOVIRUS (CMV)

CMV is a common virus that often does not cause any symptoms. However, pregnant women are most at risk of serious implications, as the CMV virus can travel across the placenta and infect the baby. CMV can spread at any stage of pregnancy, but risks are higher in the first half of pregnancy. CMV is spread through bodily fluids, such as saliva and urine. CMV cannot be fully prevented. The best protection from CMV is avoiding contact with a child's saliva or urine, and hand washing after any such exposure.

Pregnant employees should therefore pay particular attention to hand hygiene. Best practice would suggest that they avoid changing nappies, assisting in toileting, cleaning up toileting accidents, or feeding infants, as there is a high risk of coming into contact with bodily fluids. The pregnant staff member may be temporarily reassigned to work in a room with older children to minimise the requirement of nappy changing, toileting, and assisting with nose wiping. Pregnant staff members will be reminded to wash and dry their hands after touching young children, and to be vigilant when cleaning toys and surfaces that may have come into contact with saliva, urine or other bodily fluids. The employee should practice good hand and respiratory hygiene and use gloves.

HAND, FOOT AND MOUTH DISEASE

Although the risk is minimal, employees who acquire this disease in late pregnancy can pass it to the

unborn child. The employee should therefore pay particular attention to hand and respiratory hygiene and use gloves.

HUMAN PARVOVIRUS B19 (ERYTHEMA INFECTIOSUM, FIFTH DISEASE)

This virus can be transmitted to the unborn baby. The employee should therefore pay particular attention to hand and respiratory hygiene.

LISTERIOSIS (food poisoning)

Listeriosis is a bacterial infection caused by *Listeria monocytogenes*, which can be harmful during pregnancy. To prevent listeriosis during pregnancy, the pregnant employee should avoid high-risk foods like raw meats, deli meats, unpasteurized dairy products, and pre-prepared salads or fruit. Ensure that raw food from animal sources is thoroughly cooked and wash all fruits and vegetables thoroughly before eating.

TOXOPLASMOSIS

This disease is caused by a parasite that passes from animals to people. During pregnancy, the parasite can pass through the placenta to the developing baby. A blood test can reveal if the mother is immune. The employee should pay attention to hand hygiene, avoid cleaning the sand pit (where there may be cat faeces) or bird cages, and avoid contact with soil (e.g., gardening). Infection can be avoided by cooking meat thoroughly, washing fruits and vegetables and by drinking clean water.

HIV (HUMAN IMMUNODEFICIENCY VIRUS), AIDS (ACQUIRED IMMUNODEFICIENCY SYNDROME)

HIV is a virus that can lead to AIDS. Like Hepatitis B, these viruses are transmitted through blood and other bodily secretions. Employees must ensure that policies and the National Health and Medical Research Council (NHMRC) guidelines are followed for managing exposure to blood and bodily fluids, including ensuring that wounds are covered appropriately.

THE APPROVED PROVIDER, MANAGEMENT AND NOMINATED SUPERVISOR WILL:

- assess and manage any potential risks for pregnant employees, implementing reasonable adjustments to duties while ensuring children's safety, rights and best interests remain the paramount consideration and that adequate supervision is maintained at all times
- ensure that the health and safety needs of pregnant employees are considered and act flexibly as far as is reasonably practicable

- ensure that all employees are familiar with recommended vaccinations for early childhood employees in accordance with the Australian Immunisation Handbook
- recommend to all staff that they consult their general practitioner to seek advice on immunisation prior to planning a pregnancy
- encourage all staff to undergo blood tests to check their immunity status to common childhood infections, and take the appropriate action depending upon results
- alert all staff and families if a child or staff member contracts an infectious disease
- ensure that all staff members are practising effective hand hygiene at all times
- ensure that all staff members are familiar with infection control policies and procedures and actively adhere to these at all times
- consult with the pregnant employee to examine how their work tasks can be modified to eliminate or minimise risks of injury or illness
- negotiate with the pregnant employee to ensure a safe environment
- provide information to the employee's general practitioner, as requested, in regard to normal duties performed on a day-to-day basis
- meet anti-discrimination law obligations by ensuring pregnant employees are treated with respect.

EMPLOYEES WHO ARE PREGNANT WILL:

- disclose their pregnancy promptly to ensure that the employer can support their health, safety, and well-being in the workplace (Note: There is no requirement under the Fair Work Act 2009 for an employee to disclose their pregnancy.)
- maintain immunisation records
- consult with their general practitioner if planning a pregnancy to establish their immunity status for common childhood infections, and to get information about recommended vaccinations
- ensure their treating medical practitioner is aware of the specific work environment and activities that are undertaken on a day-to-day basis
- provide up-to-date immunisation statements to management [best practice] ~~for~~ adhere to Workplace Health and Safety legislation and take reasonable care for their own health and safety and that of others, cooperate with the approved provider/nominated supervisor on health and safety matters, including following control measures and adjustments to manage risks during pregnancy
- be familiar with and adhere to policies and procedures pertaining to infection control and effective hand and respiratory hygiene

- consult with their obstetrician and/or medical practitioner should there be an outbreak of an infectious disease or virus in the Service that they are not immune to, in regard to whether they should continue to attend work
- immediately advise the approved provider and/or nominated supervisor if they believe there is a workplace hazard or potential risk to their pregnancy
- notify the approved provider and/or nominated supervisor of the pregnancy if health and safety issues that may affect the pregnancy are experienced or may be foreseen
- provide the required notice of intended leave in writing to the approved provider and/or nominated supervisor
- provide medical evidence from a general practitioner and/or specialists (as required) to the approved provider and/or nominated supervisor promptly
- provide a doctor's certificate confirming they are fit to continue working if they wish to continue working beyond 6 weeks before the expected date of birth (Fair Work Ombudsman)
- discuss paid and/or unpaid parental leave entitlements and options with management/approved provider
- inform their employer as soon as possible if they intend to take up unpaid parental leave within 24 months of the child's birth, and discuss how this leave will be taken, either as a single continuous period, flexibly, or a combination of both.

Note: More information about staff leave entitlements, including parental leave, is discussed in our *Staff Leave Entitlements Policy*. All leave entitlement information has been removed from this policy and is included in the *Staff Leave Entitlements Policy*.

SAFE JOBS

Pregnant employees, including casuals, are entitled to move to a safe job if they are fit for work, but it isn't safe for them to do their normal job due to pregnancy. The employee must provide evidence that:

- she is able to work but cannot do her normal job (including why their normal job is not safe).
- how long should she not work in her normal job.

Evidence can be a medical certificate from a medical practitioner.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- maintain current information regarding their legal responsibilities to pregnant employees
- not ask if an employee is pregnant unless there are genuine health and safety concerns

- respect a pregnant employee's right to confidentiality regarding their pregnancy and when this information should be disclosed to colleagues
- ensure that all pregnant employees are notified of their legal right to paid parental leave, unpaid parental leave and other entitlements once the pregnancy is disclosed
  [disclose information and conditions about employer-funded paid parental leave if this is part of the service's workplace agreement]
- discuss government funded *Parental Leave Pay* entitlements to eligible employees
- discuss *Keeping in touch days* whilst the employee is on unpaid parental leave to assist the employee to stay connected with the Service
- arrange a meeting with the employee when they are nearing the end of their leave to discuss return-to-work expectations- hours of work, flexible working conditions or any other arrangements
- provide the employee with the same job they had before leave, or an available position for which she is qualified and suited, and that is closest in pay and status to the pre-parental leave position
- consider any requests from the employee for a variation and/or flexibility in hours on their return to work
- when recruiting employees to replace employees on parental leave, candidates must be notified by the employer that:
  - the role is temporary
  - the employee on leave has a right to their pre-parental leave position when they return to work and
  - the employee and the employer may have a right to cancel or end the leave early in certain circumstances (e.g., stillbirth or infant death).

RETURNING TO WORK AFTER PARENTAL LEAVE

Employees who are entitled to paid or unpaid parental leave under the Fair Work Act have the right to return to their pre-parental position at the end of the leave - '*Return to work guarantee'* or in the case of an employee who was transferred to alternative duties, to the position held immediately before this transfer. Where such a position no longer exists, but other positions are available for which the employee is qualified and capable of performing, they will be entitled to a position as nearly comparable in status and salary to their former position. More information on returning to work from parental leave. Employees may end their parental leave and return to work early.

The approved provider/nominated supervisor will support the returning employee to settle back into the work environment with consideration for their physical and emotional wellbeing. Where possible, they

will support the employee's smooth return to work and ensure continuity of care for the children.This may include offering flexible work hours and creating a supportive workplace culture, such as providing a private, comfortable space for breastfeeding, expressing milk, or other personal needs.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Pregnancy in Early Childhood Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management, and notification of any change to policies will be made to families within 14 days.

RELATED RESOURCES

Pregnant Employee Medical Clearance Form

SOURCES

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*
Australian Government Department of Health *Australian Immunisation Handbook*
Australian Government Department of Health, Disability and Ageing *Immunisation*
Australian Government. *Pregnancy birth and baby*.
Australian Human Rights Commission: https://www.humanrights.gov.au
CMV Australia. (2024). https://www.cmv.org.au/
Early Childhood Australia. (2016). *Code of Ethics.*
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Fair Work Act 2009 (Cth).
Fair Work Ombudsman *Employee checklist for unpaid parental leave*
Fair Work Ombudsman *Ending parental leave early*
Fair Work Ombudsman *Entitlements while pregnant*
Fair Work Ombudsman *Keeping in touch days*
Fair Work Ombudsman *Parental leave and related entitlements fact sheet*
Fair Work Ombudsman *Parental leave Best Practice Guide* (2024).
National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.
Safe Work Australia
The Pregnancy Centre (2016). *Taking care of your back*
Work Safe Queensland. *Cytomegalovirus (CMV) in early childhood education and care services.*

REVIEW

POLICY REVIEWED BY	[NAME] Amy Flockhart	[POSITION] office admin	[DATE] 08/07/2026

POLICY REVIEWED	JUNE 2026	NEXT REVIEW DATE	JUNE 2027
VERSION NUMBER	V12.06.26		
MODIFICATIONS	• annual policy maintenance • operational decisions to include paramount consideration added • updated information in line with Staying Healthy guidelines, and other government initiatives • review of leave entitlement information provided in policy; information covered in *Staff Leave Entitlement Policy*		
PREVIOUS MODIFICATIONS			
JUNE 2025	• annual policy maintenance • updated information about Keeping in touch days; changes to paid parental leave effective 1 July 2025 • sources checked for currency		