

MOTHERHOOD & ELITE SPORT



Photo Credit: Tara St Clair

PPF Policy Paper on Pregnancy,
Maternity and Parental Leave

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INTRODUCTION

Women who work as professional and elite athletes are usually at the peak of their fertility and should be encouraged to think about if and when they might want to have children. It must be possible for women to combine being parents with their chosen career as professional athletes.

Equality in professional sport between men and women will not be achieved until pregnancy, maternity and parental rights are an integral part of sports working conditions and Collective Bargaining Agreements.

The idea that women should finish their sporting careers when they have children is no longer acceptable.

Women's sport in the UK should be aiming for international best practice when it comes to pregnancy, maternity and parental policies.



MINIMUM STANDARDS

As a bare minimum, normal labour laws for female workers apply to professional athletes – even if they are not classified as workers.

Female professional athletes cannot be discriminated against for wanting to start a family and are entitled to paid maternity leave and job protection just like other workers.

EQUALITY

We believe that equality requires that female athletes are as able to combine parenthood with elite sport as their male counterparts.

This will require sport to do more than just apply the minimum standards required by law.



BENEFITS

Marginal gains can make a huge difference in high performance sport and we believe there is scope for significant improvements from putting in place world leading pregnancy, maternity and parental policies for women's sport.

By facilitating players to plan for parenthood and manage family life, we believe that elite sport will benefit not only through the greater retention of experienced players but also through improved performances from players with families. We also think that better policies in these areas will attract more international players to pursue their sport in the UK.

KEY ISSUES FOR CONSIDERATION VIA RESEARCH PROJECTS

There is an urgent need for medical research on the safety issues for both mothers and unborn children around playing elite sport during pregnancy, especially during the first trimester. This applies to issues such as diet and high intensity training as well as the risk of trauma in contact sports.

There would also be benefit in researching any positive and negative impacts of elite level sport on women's fertility.

In addition, there is room to increase knowledge around return to play and the balance of motherhood with high performance. Given the paucity of literature in the area there is scope to significantly increase understanding of pregnancy and performance adopting both quantitative and qualitative studies.

REPORTING PROCEDURES

When to inform people about a pregnancy is a complicated issue and even more so for elite sportswomen, especially when their job may increase the risk of harm to the unborn child and/or the expectant mother.

Agreed protocols should be put in place on a sport-by-sport basis – based upon risk assessments and the available medical evidence.

Where there is a risk of harm, players should inform their employers (ideally through the club doctor) as soon as they know they are pregnant. This is intensely personal, private medical information which needs to be treated with the utmost confidence. Support could be provided in managing such conversations and matters of confidentiality.

Any notification of pregnancy should not impact on contractual terms or any change in financial reward.

JOB PROTECTION

The law requires that people are entitled to have their job protected during pregnancy.

If it is no longer safe for pregnant players to continue to play then they should be transferred to a safe job within the club or federation. When this is not possible then players should continue to be paid whilst not working.

When a fixed term contract expires during pregnancy or maternity, players should at the very least be given a train and trial period to regain a contract on the same conditions and pay as their previous contract. The details of this and how it fits into seasons and transfer windows will need to be agreed on a sport-by-sport/ case-by-case basis.

Where athletes are self-employed – predominantly individual sports – then the sport should put in place policies to ensure that female athletes are not disadvantaged by starting a family.

In individual sports where rankings are important for qualification then appropriate measures need to be put in place to ensure that players' rankings and hence access to tournaments are protected during pregnancy and maternity leave.



STILLBIRTH, MISCARRIAGE AND NEONATAL DEATH

If a baby is stillborn before the end of the 24th week of pregnancy it is treated as a miscarriage. Whilst having a miscarriage means that you are not entitled to maternity leave, it is expected that employers will provide compassionate leave and access to psychological support.

Employment law provides for parental leave and maternity pay for mothers who suffer a stillbirth neonatal death. Again, access to emotional support for bereaved parents would be expected good practice for professional sport.

MATERNITY PAY

Obviously, the minimum statutory maternity pay requirements will apply for both employed and self-employed athletes. These should also be applicable for professional athletes who are not classified as workers, such as those on lottery funding.

Professional sport in the UK should aim for much more than just statutory maternity pay if it wants to be considered on a par with international best practice and to attract some of the best players in the world to work in the UK.

Best practice would be for people to receive full pay during maternity leave for a period of (up to) one year.



TAILORED FITNESS SUPPORT DURING AND AFTER PREGNANCY

Employers should continue to provide support services for players who are pregnant and on maternity leave. Specialist advice for pregnant athletes and new parents around diet, physiotherapy and strength and conditioning can be really important in helping players return to play after giving birth.

However, this support must be at the discretion of the player as it would be completely unacceptable for clubs to force people on maternity leave to undertake specific training duties.

SUPPORT FOR NEW PARENTS

Professional and elite women's sport needs to put in place family friendly policies to enable new parents to combine raising a young child with a sports career. This will typically cover new mothers and children up to one year old (and older if still breast feeding) but some international examples of best practice include children up to school age.

This will include a support person (parent, partner or nanny etc) to travel with the team to assist with the supervision of the infant during work and at night. The cost of this should be covered by the sport wherever possible.

In addition, suitable adaptations to the working environment to permit breast feeding and childcare will be required.

Such adaptations should also apply for those sports where athletes are self-employed.

POSTPARTUM MENTAL HEALTH

Postnatal depression is a common problem affecting more than 1 in every 10 women within a year of giving birth. It can also affect fathers and partners.

Sports and employers need to be aware of the impact that new babies can have on players mental health. Players should be provided with information around postnatal depression and details of any NHS or private health support that is available.

PARENTAL LEAVE AND SHARED MATERNITY

Partners of new mothers are entitled by law to statutory paternity (parent) leave. This is something that should be encouraged to both help the new mother and also promote bonding between parents and new children.

ADOPTION AND SURROGACY

It is important to be aware that certain rights also include instances where players become parents through adoption or surrogacy. Sports need to ensure that those becoming parents these ways are treated equitably with regards to all new parents.

We note that women going through the IVF process may benefit from additional support. For example, egg collection can be physically demanding and may require time off work. Similarly, the emotional impact of IVF can be significant.

LEAVING THE SPORT

Some players will not want to return to professional sport in the short or medium term after starting a family and this decision must be respected without any sporting or financial penalties. Support for the athlete during this critical career transition is recommended.



CONCLUSIONS

It is time for professional sport in the UK to lead the way and normalise a family/child-friendly environment for both the women's and men's games.

Pregnancy, maternity and parental leave is a relatively new policy area for professional sport in the UK and there is a need for improvements across many sports.

This policy document is designed to be a starting point for discussions between player associations and sports about the important area of pregnancy and maternity. The above guidance should be expanded and adapted on a case-by-case basis for each sport.

There is an urgent need for further research in this area, especially around the impact of elite sport on the health of pregnant players, new mothers and unborn children as well as the impact of elite sport on fertility.

Professional sport should look to promote examples of players as role models who have successfully managed to combine starting a family with sporting careers.

We should aim for the UK to be considered as a model of best practice in how it treats pregnancy and maternity in professional and elite sport.



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