



UK Sport

PREGNANCY **GUIDANCE**

and Support for Sports Governing Bodies Funded by UK Sport

Document for Sports Governing Bodies



This guidance has been developed to support Sports Governing Bodies (SGBs) and Athletes throughout the Athlete's pregnancy and post-childbirth. It should be considered as a framework to follow.

This guidance is primarily aimed at UK Sport (UKS) funded SGBs and Athletes, however it can also be applied to non-Olympic and non-Paralympic sports/disciplines.

There are broader topics relating to pregnancy covered within this guidance and the supporting appendices, which you may also find useful.

The information contained within this document is for guidance purposes only and whilst UKS make every effort to ensure that the information provided is accurate and up to date it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, UKS does not accept liability in relation to the use of any information contained within this guidance, or third-party information or websites included or referred to within it.



INTRODUCTION

Raising a family and being an elite Athlete should not be mutually exclusive. Having a child dramatically changes your life, and for many parents can give a new meaning too. It is a key milestone in life to be celebrated.

To ensure support is provided for Athletes who wish to have a child whilst a member of a high-performance funded programme, UKS has developed this guidance with the mother and child's welfare at the heart of it. Pregnancy and post-childbirth can be physically and mentally challenging for a mother and it's essential that resources and guidance are available to you and the Athlete to best support them and their partner.

UKS recognises the responsibility as a distributor of public funding to ensure that SGBs owe Athletes a duty of care and it is important that their wellbeing and performance are managed effectively during pregnancy and post-childbirth. UKS has created two separate guidance documents, for both SGBs and Athletes.

The aim of this guidance is to advise how you can best support the Athlete's pregnancy fairly and appropriately, providing recommendations to support the Athlete during their pregnancy, and for when they return to training and competition post-childbirth.

UKS does not recommend a 'one-size fits all' approach when implementing this guidance document as the requirements for both you and the Athlete will vary significantly depending on the impact of the pregnancy, any delivery complications, and the nature of the sport the Athlete is returning to.

This guidance document will:

- Provide advice on how and when an Athlete should announce their pregnancy to you
- Provide advice should an Athlete announce their pregnancy to you whilst on programme
- Recommend a framework you may wish to follow to ensure a responsible and reasonable approach is adopted for the Athlete during pregnancy and post-childbirth (including return to training and competition)
- Provide guidance relating to an Athlete's programme membership and Athlete Performance Award (APA) received (where relevant).

UKS aims to develop further guidance specifically on surrogacy, adoption, egg freezing, IVF, same-sex parents (as examples) and for partners, to signpost Athletes and SGBs to.

UK Sport and Department for Digital, Culture, Media, and Sport (DCMS)

As an arms-length body of DCMS, it is important that UKS considers how policies and decisions impact on the 'Protected Characteristics', of which pregnancy and maternity is included. Please note that whilst this guidance can be applied to any Athlete in receipt of funding from UKS, not all Athletes receive an APA.

This guidance should be considered for SGBs.

Please note that this guidance will be reviewed annually. Should you have any feedback or comments on the guidance, please email pregnancyguidance@uksport.gov.uk.



CONTENTS

Overview	4
Informing the SGB	5
Training and Competition	6
During Pregnancy	7
Training and Competition	7
Additional Support	8
Post-Childbirth/Return to Training	9
Training and Competition – Supporting an Athlete’s return	9
Appendices:	12
Appendix A: Pregnancy Risk Assessment for SGBs	13
Appendix B: Risk Assessment Considerations	21
Appendix C: Pre, During Pregnancy and Post-Childbirth Resources	23
Appendix D: During Pregnancy and Post-Childbirth Mental Health	36
Appendix E: Supplements	37
Appendix F: Miscarriage And Still Birth	37
Appendix G: Diastasis Rectus Abdominus (DRA)	38
Appendix H: APA Policy Framework – Pregnancy Policy	39
Appendix I: Multiple Pregnancies	40
Appendix J: Feeding The Baby	40
Appendix K: Athlete Pregnancy Checklist	42
Appendix L: Definitions	44

OVERVIEW:

- Athletes should be encouraged to read and understand their Athlete Agreement and seek support from you or the British Athletes Commission (BAC) as necessary.
- It is reasonable for you to set performance targets for when the Athlete returns to the programme, however, the time it takes for the Athlete to meet those requirements will depend on the Athlete’s type of birth delivery and any birth/post-childbirth experiences. For example, recovery times will differ depending on whether an Athlete has experienced a natural vs assisted birth, an uncomplicated pregnancy vs complicated pregnancy and / or multiple births. It is important that Athletes are not pressured to return to training and competition before their body is mentally and physically ready as this can lead to injury (acute and long term), physical and mental illness, and under-performance. You and your respective Home Country Sports Institute (HCSI) should provide your Athlete with guidance on managing this effectively.
- This guidance and supporting appendices are available on the UKS website, as found here: [SGB Pregnancy Guidance](#), and it is recommended that you make this available to your Athletes.
- You may also wish to share pregnancy and post-childbirth resources with your Athletes and members of staff, which in many cases will be available via the HCSI. The English Institute of Sport (EIS) and SportScotland Institute of Sport (SIS) have services known to UKS as follows:
 - SmarTHER is a multi-disciplinary team at the EIS whose role is to support the optimal health and performance of female elite Athletes by education, delivery of services, and innovation. Your Athlete may also wish to sign up to the SmarTHER newsletter, published each month. Please contact smarther@eis2win.co.uk.
 - The SIS operates a Female Athlete Performance working group - a multi-disciplinary team of practitioners who work together to develop the support for female Athletes. Please contact femaleathletehealth@sisport.com.
- Your Athlete induction programme should encompass education on female Athlete health, of which your respective HCSI can help to deliver. Should your Athletes require further support specifically on pregnancy, it is advised that they speak with their medical and support team, and respective HCSI.

INFORMING THE SGB:

- The Athlete is responsible for informing you as early as possible when they are pregnant, to protect the health, safety and wellbeing of themselves and their baby. It is your Athlete's choice as to whether they confirm verbally or in writing. It is recommended that you have a designated point of contact (POC) - ideally a Performance Lifestyle Practitioner - so that the Athlete knows who to inform first.
- As soon as the Athlete has informed their POC of their pregnancy, it is strongly encouraged that the Athlete speaks with your SGB doctor as early as possible to discuss the risks of training and/or competing whilst pregnant. The Athlete should be aware that failing to announce their pregnancy to you is at the risk of their health and that of their baby.
- There are clauses within the Athlete Agreement template provided by UKS and we would suggest you review these and make your Athletes aware of the obligations to notify.
- Your medical and support team (if this is not available, please contact your HCSI) will be able to determine who the appropriate external experts may be to support your Athlete throughout their pregnancy. It is recommended that your Athlete seeks support from within the high-performance community before looking elsewhere as this will ensure that they are provided with an updated Individual Athlete Development Plan (IADP).
- If supporting a para-Athlete, you and/or the relevant HCSI should consider any additional support the Athlete may need during their pregnancy and post-childbirth and be willing to discuss this with them.
- Your Athlete may also wish to provide a MAT B1 certificate (issued after 20 weeks of pregnancy by their GP or midwife), e.g. if they are employed outside of being a funded Athlete. Note that it is the mother's choice if they have a scan - [20-week scan - NHS](#).
- The utmost sensitivity and care should be given to Athletes upon notification of their pregnancy to other members of staff. An Athlete's pregnancy should always remain confidential unless the Athlete provides their consent for it to be shared, or if a risk to the Athlete and their baby has been identified.
- Where there is an identified risk to the Athlete or their baby, steps should be taken to remove or reduce the risk. If this is not possible, an alternative

IADP should be developed. It is important that the Athlete understands why additional Athlete Support Personnel (ASP) need to be informed and they are also asked to give consent (verbal or written) for this information to be shared.

- It is therefore important that the communication of an Athlete's pregnancy (both internally and externally) is mutually agreed and that the Athlete is ready to share their news with team-mates more publicly.

Key Takeaways

1. The Athlete understands their Athlete Agreement responsibilities and obligations and informs you as early as possible to mitigate risks
2. The Athlete's IADP may need to be adapted based on any identified risks
3. The Athlete provides consent for their pregnancy to be shared



Training and Competition

- Once the Athlete has announced with you that they are pregnant and given their consent to share this information, an initial meeting should take place between the Performance Director, Chief Medical Officer (CMO) (HCSI Doctor if CMO is unavailable), the Athlete's main coach/personal coach and the Athlete to discuss and agree an appropriate IADP for the remainder of the pregnancy. It is recommended that relevant members of the Athlete's support team attend this meeting, for e.g. Performance Lifestyle Practitioner, Performance Psychologist, Strength and Conditioning Coach or Physiotherapist. The Athlete may also wish for their partner to attend.
- You should consider whether the Athlete is part of a centralised or de-centralised programme as this may impact on the level of engagement required.
- It is the Athlete's responsibility to liaise with you and the relevant support staff (in advance), regarding any care and midwife appointments during their pregnancy, should they need to take time away from training and competition. This should be permitted without question.
- Each Athlete's pregnancy will differ and their planned approach to training and competition will also vary depending on how they are feeling during their pregnancy. Frequent informal reviews are therefore expected.
- It is advisable for the Athlete to seek expert medical advice from the SGB doctor in conjunction with an Obstetrician GP or another suitably qualified professional outside of their SGB throughout their pregnancy, to ensure any training and competition risks can be managed appropriately. The Athlete's midwife and GP will monitor the development of the baby and their overall health and providing there are no complications, the SGB doctor may advise on appropriate training and competition.
- When adapting the athlete's IADP, a risk assessment (see Appendices A and B) should be conducted to consider sport-specific and contextual risks. It is advised that the Athlete's obstetric care providers are consulted when planning the training and competition programme. This risk assessment should be ongoing throughout the Athlete's pregnancy and updated regularly and completed post-childbirth. As a minimum, you should review the risk assessment form annually, and if necessary, after the Athlete has given birth (considering reflective feedback). For further guidance please contact your local HSCI or Health and Safety Executive.

- This is particularly important for managing risks if an Athlete is training or competing abroad (e.g. it is recommended airline and travel insurance policies are reviewed to establish how safe it is and what cover is provided respectively, particularly for an Athlete nearing the end of a pregnancy).
- To monitor the support to pregnant Athletes, it is recommended that on the UKS Athlete Nominations Portal you declare when an Athlete is or has been pregnant in the past 12 months.

Key Takeaways

1. Once informed, consider who should attend the initial meeting
2. Understand the implications of Athletes who train or compete abroad
3. Ensure a risk assessment is conducted when adapting the Athlete's IADP

DURING PREGNANCY

- You are encouraged to offer Athletes the opportunity to invite a partner, friend, relative or other suitable person (e.g. HCSI support staff or BAC) to accompany them to any meetings relating to their pregnancy.
- It is recommended that the Athlete's main/personal coach proactively checks in with the Athlete during their pregnancy, and a conversation should take place between you and the Athlete to determine how this will work, and what communication method would be most suitable (in person, text, phone, email).
- To ensure the Athlete continues to feel engaged with the programme (if they are no longer training), there may be alternative roles which they may wish to discuss with you (e.g. an ambassadorial role or supporting the coaching team). Equally, this may involve the Athlete watching training or attending a meeting in person/online. This attendance will help to minimise any concerns the Athlete has about returning to the programme and provide the Athlete with the opportunity to discuss any concerns with you.
- The Athlete may also wish to sign up to antenatal classes through the [NHS](#) (free) and/or the National Childbirth Trust [\(NCT\)](#). As well as providing education and preparation for the birth, these classes provide good opportunities to form friendships. It is important that Athletes are aware that the UKS Personal Development Award (PDA) may be used to cover these costs.
- A proposed timeline for returning to training and competition may be put in place prior to the Athlete giving birth (this may be adapted based on how the Athlete is feeling and once their intent to return is clear). By agreeing this timeline pre-childbirth, it will minimise miscommunication between you and the Athlete post-childbirth and both parties will be aware of when they are expected to engage with one another. You must record minutes and actions from all meetings. The Athlete is also entitled to make notes during these meetings, and you should provide the Athlete with a record of what was discussed during every meeting. This timeline should be adaptable and reviewed at appropriate intervals, e.g. if the Athlete's pregnancy becomes complicated or they experience challenges with their pregnancy.
- You and the Athlete may also discuss the Athlete's plans post-childbirth (e.g. childcare, approximate timings of when the Athlete plans to come back, etc.). It would be reasonable to expect the Athlete to notify you 12

weeks (or earlier if the Athlete wants to return sooner and has been 'signed off' by their SGB doctor) in advance of their return to training. If possible, this should also be tied in with the Athlete speaking to a female Athlete health specialist and physiotherapist. The EIS has a network of pelvic health physiotherapists based all over the UK, which your Athlete is encouraged to access.

- It is recommended that Athletes undertake a pelvic health screen during their pregnancy, as this may influence their ability and time to return to training post-childbirth and reduce the risk of pelvic trauma during the delivery of their baby.
- You should proactively discuss with the Athlete the support mechanisms for when the Athlete returns (e.g. childcare arrangements around travel, training and competition, breastfeeding, training sessions, post-childbirth consultations, and frequency of communication). Should you have any questions specifically on this, please contact pregnancyguidance@uksport.gov.uk or a HCSI.

Key Takeaways

1. Ensure frequency of communication with the Athlete is mutually agreed
2. In what ways can the Athlete be engaged with the programme?
3. Is there a proposed timeline for post-childbirth, including return to training?

Training and Competition

- Once a training plan is in place, regular communication should be maintained between the Athlete, the Athlete's main/personal coach, Performance Director and other ASPs up until the birth, so the Athlete's mental and physical health can be supported. A clear timeline of events of what you and the Athlete expect during the pregnancy should be agreed and reviewed throughout.
- Should there be a concern that the Athlete's participation in training or competition presents a risk to themselves or their baby, you must discuss with the Athlete how to manage this risk effectively.

- In some cases, you may wish to seek external advice from a pregnancy health expert or contact your respective HCSI (as stated in the Overview section) for further guidance.
- It is the responsibility of both you and the Athlete to adapt the Athlete's IADP as necessary, and this may be informed by guidance provided by a female Athlete health representative. **All parties should remain flexible and accept that things may change over the course of the pregnancy.** You are encouraged to collaborate with your respective HCSI (they will signpost) to ensure they understand the impact of pregnancy on the Athlete's health and performance.
- The physical demands on an Athlete's body during pregnancy will vary, and each Athlete's body will adapt differently. It is therefore essential that a mutually agreed IADP for their return to training and competition is in place. After nine months post-childbirth the potential of the Athlete should be assessed and confirmed to UKS to continue to access the APA, but it is important to note that this assessment should indicate the Athlete's future medal potential and not necessarily performance outcomes. Medical and physiological experts (e.g. SGB doctor) must contribute to this IADP, which is then signed off and communicated to the Athlete in writing.

Key Takeaways

1. Has an ongoing risk assessment been completed?
2. Has the Athlete's IADP been adapted?
3. After nine months post-childbirth the Athlete's potential rather than performance outcomes should be assessed

Additional Support:

It is recommended that Athletes check what financial and other support they may be eligible for via [the Government](#) throughout their pregnancy and post-childbirth.

This includes, but may not be limited to the following:

- Free prescriptions and NHS dental treatment
- Sure Start Maternity Grant
- Healthy Start Vouchers (England, Wales and Northern Ireland). If you live in Scotland you cannot get Healthy Start. You can apply for Best Start Foods instead
- Child Benefit
- Tax-free Childcare.

This is detailed further in Appendix C.



POST-CHILDBIRTH/ RETURN TO TRAINING

- It would be appropriate for you to consider sending the Athlete and their partner a message and gesture of congratulations on the arrival of their baby.
- It is important that you continue to engage with the Athlete throughout their pregnancy and post-childbirth to ensure the Athlete still feels included within the programme. This should however be on the Athlete's terms (they may for example wish to initially have 'Walk and Talk' meetings with their main/personal coach or another ASP). It is anticipated that the Athlete will engage with you within three months post-childbirth. Main/personal coaches should check in with the Athlete, and they should be invited to programme events, e.g. programme updates, selection, and funding meetings.
- It is recommended that the Athlete, Performance Director and all relevant ASPs have regular 'check ins' post-childbirth, so that appropriate performance planning and review processes can resume within an agreed and appropriate timeframe to support the health and performance of the Athlete.
- Initially, it may be more appropriate for the Athlete's main/personal coach to check in with the Athlete, and the Athlete to contact other ASPs as and when required. It is appropriate for the you and the Athlete to monitor:
 - The Athlete's health and wellbeing, and appropriate levels of training/return to fitness post-childbirth
 - The Athlete's intent to return to the sport and programme. As described in the APA Policy Framework, this intent should be discussed and confirmed no later than six months post-childbirth
 - Whether the Athlete is engaging in any training, and if so, assess their commitment and/or progress against the agreed IADP
 - The Athlete's training/life balance as an Athlete and as a parent
 - The role of an Athlete's partner (if applicable) and whether they are also an Athlete/on a funded programme, and how this will be managed.
- Once the Athlete has been signed off by their midwife and SGB or HCSI doctor, it is recommended they continue to work with their SGB or HCSI

doctor and the appropriate ASP to ensure they have the support needed to return to training and competition safely.

- You and the Athlete should both be aware that a mother's nutritional well-being can have a significant impact on the physical and mental health (see Appendix D) of them and their baby, particularly if they are breastfeeding. It is suggested that dietary requirements are discussed with their HCSI nutritionist.

Key Takeaways

1. Celebrate the Athlete's pregnancy
2. Agree on the frequency of communication with the Athlete post-childbirth
3. Ensure the Athlete's has been 'signed off' to return to training and competition

Training and Competition – Supporting an Athlete's return

- It is important that the Athlete acknowledges and respects what their body has been through during their pregnancy and birth before returning to training and competition.
- Being a mother may be a new experience for an Athlete, and how they balance both roles will require flexibility.
- An updated IADP will activate once you, the Athlete, midwife and SGB doctor are satisfied the Athlete can resume training, evidenced by a risk assessment completed during pregnancy and post-childbirth. It is recommended that the Athlete has:
 - Been discharged by the NHS post-natal maternity team (the timeframe on this will depend on the birth, any complications, multiple births, premature birth for example)
 - Communicated with you whether they have experienced any complications during childbirth
 - Confirmed if they have been referred to any specialists (urogynae nurse or pelvic health physiotherapist) before resuming training.

- It is recommended that the Athlete's return to training and competition post-childbirth is highlighted at Senior Leadership Team/associated Athlete meetings for awareness.
- The timeframe by which the Athlete returns to the same level of training and competition pre-pregnancy must be considered on a case-by-case basis. The Athlete should however signal their intent within six months post-childbirth (or earlier if the Athlete wants to return sooner and has been 'signed off' by their SGB doctor), and at nine months the potential of the Athlete should be assessed and confirmed to UKS, for the Athlete to continue to access their APA.
- For effective rehabilitation post-childbirth, both a strength and conditioning programme and an adapted IADP to suit the Athlete's needs (whilst considering the necessary childcare) should be discussed and implemented.
- It is recommended that a multi-disciplinary approach is adopted with the Athlete's main/personal coach, strength and conditioning coach, and physiotherapist to adapt their IADP. A pelvic health physiotherapist will recommend the correct type of exercises for the Athlete. The EIS SmartHER team have a pelvic health physiotherapist referral network if required, and Athletes will be able to access this service through the Athlete Medical Scheme (AMS).
- Prior to your Athlete's return to training and competition they may wish to speak with you regarding the following topics (this is an example list and not exhaustive):
 - The extra support they may need from you
 - Appropriateness and implications of bringing their baby to training and/or competitions (especially if they are away for long periods of time)
 - Breastfeeding and a breastfeeding friendly environment (if they have chosen to do this) whilst at training
 - Their training schedule being adapted to suit their baby's feeding times, or whether they will need to consider other options (expressing and storing milk for their baby whilst they are training)
 - Their initial routine for their baby (including sleep and feeding time).
- It is important that you discuss the Athlete's expectations of support to determine how these can be accommodated.

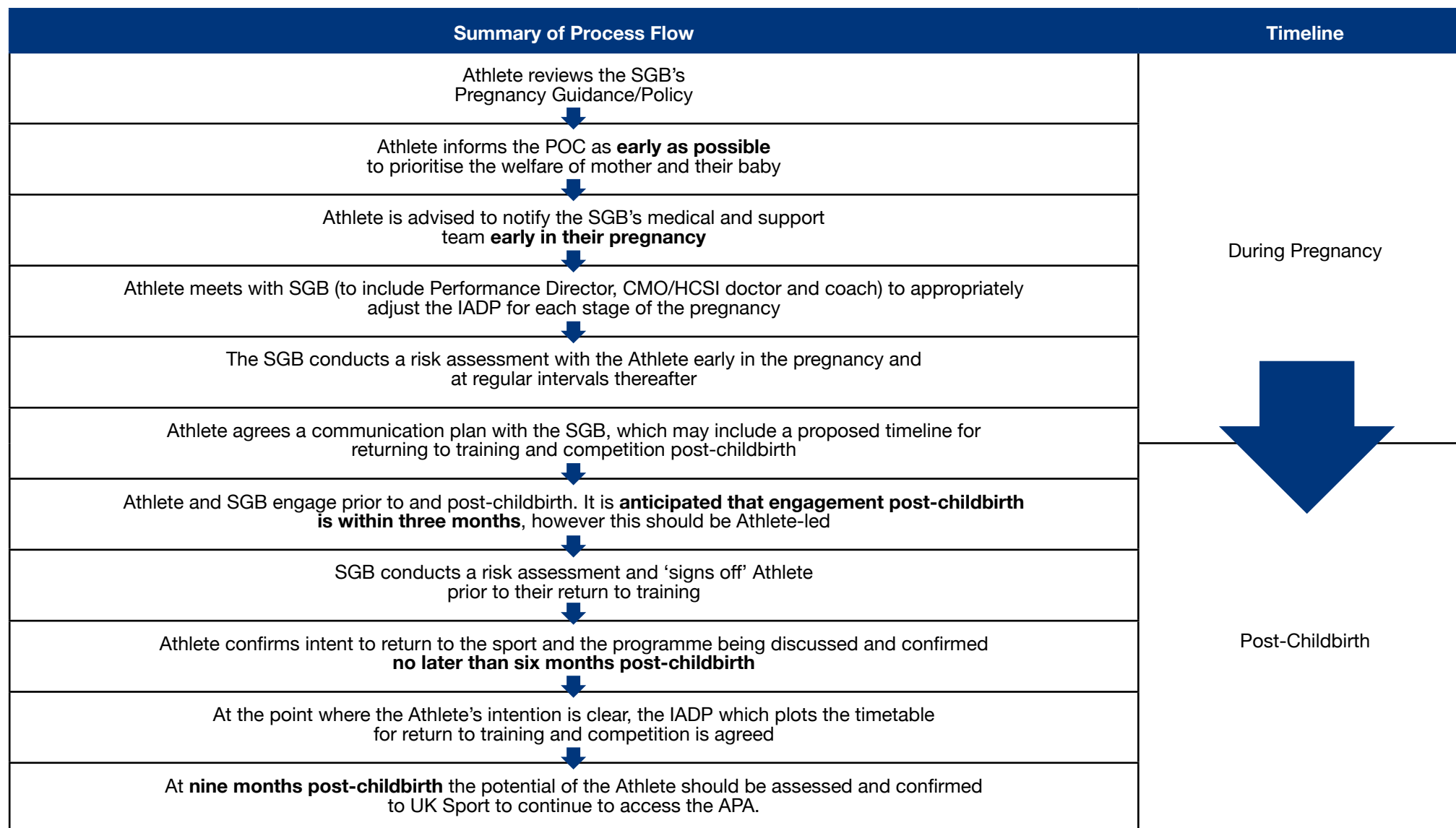
Key Takeaways

1. Acknowledge the impact of pregnancy and change of lifestyle for the Athlete
2. Ensure the Athlete's IADP is supported through a multi-disciplinary approach
3. Consider what additional support a mother will need

Do you require this guidance in the Welsh language or other formats, e.g. large print/Braille? To order these please email pregnancyguidance@uksport.gov.uk



SUMMARY OF PROCESS FLOW



APPENDICES

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APPENDIX A:

Pregnancy Risk Assessment for SGBs

Disclaimer: Please note that this form is a template Risk Assessment for SGBs to review and adapt as appropriate. It is the SGB's responsibility to ensure that a Risk Assessment meets their needs.

This form is to help SGBs manage the health and safety of pregnant athletes and new mothers on funded programmes.

The risk assessment should be reviewed regularly to monitor changes and specific health issues.

Athletes who are new or expectant mothers may also wish to complete their own risk assessment if self-employed and share their findings with their SGB to agree on specific measures to maintain their health.

What is a Risk Assessment?

You are not required to be an expert on risk assessment; however, you will need to:

- **Identify** what could cause injury or illness – these are the hazards
- Determine the **likelihood** that the hazard could cause harm or serious injury – this is the risk
- Take **action** to eliminate the hazard, or to control the risk.

These are particularly important when assessing the Athlete's training and/or competition environment. It is your responsibility as the SGB to ensure a duty of care to your Athletes throughout their pregnancy and post-childbirth.

- The risks specified in this document are ones which are reasonably foreseeable. Recommendations from a GP or midwife must feed into this.
- Where uncertainty exists over any risks, then further advice should be sought from the Health and Safety Executive or a qualified medical practitioner within a HCSI.
- It is recommended that you discuss potential risks with the Athlete and any concerns they may have. This open dialogue will encourage early reporting of any issues.
- Please notify UK Sport (pregnancyguidance@uksport.gov.uk) when the Athlete informs you that they are pregnant and confirm that you have completed the Risk Assessment Form.
- A copy should be sent to the Athlete for their records. This should not be shared with UKS.

PREGNANCY RISK ASSESSMENT TEMPLATE

Name of Athlete:		
SGB:		
Sport/Discipline:		
Name of SGB staff member:		
Signature of Athlete:		
Signature of SGB staff member:		
Date of Risk Assessment:		
Is this the first assessment for this pregnancy?	Yes/No	Reference*:
Has the Athlete taken part in this assessment?		

* There is a responsibility for SGBs to monitor the Athlete's pregnancy as it progresses, in addition to when the Athlete returns to training and competition post-childbirth.

Risk	Yes	No	Control Measures
Movement and Posture			
Does the Athlete's training and competition involve awkward twisting or stretching?			
Does the Athlete need to stand for long periods, for example, more than two to three hours without a break?			
Does the Athlete need to sit for long periods, for example, more than two to three hours?			
Does the Athlete's training and competition involve restrictions in space? If yes, will these cause more restricted movement as the pregnancy develops?			
Will the Athlete be exposed to any shocks or vibrations?			

Risk	Yes	No	Control Measures
Manual Handling			
Will the Athlete be twisting, stooping, or stretching to lift objects?			
Will the Athlete be lifting, pushing, or pulling heavy loads?			
Will the Athlete be rapidly and repeatedly lifting (regardless of weight)?			
Will the Athlete be lifting objects that are difficult to grasp or awkward to hold?			

Risk	Yes	No	Control Measures
Training and Competition related stress			
Will the Athlete be expected to train and compete for periods of long hours?			
Does the Athlete have flexibility to adapt their IADP?			
Will training and competitions involve very early starts or late finishes?			
Will the Athlete be training or competing alone?			
Have measures been put in place at all training and competition facilities (inc. toilets) to minimise slips, trips and falls?			

Risk	Yes	No	Control Measures
Training and Competition related stress			
Are there any tasks which are known to be particularly stressful?			
Are teammates and ASP supportive towards the pregnant Athlete?			
Is the Athlete aware of what to do if they feel they are being bullied or victimised?			
Has this risk assessment considered any concerns the Athlete has about their own pregnancy?			

Risk	Yes	No	Control Measures
Extremes of cold or heat			
Does training or competition involve exposure to temperatures that are uncomfortably cold (below 16°C) or hot (above 27°C)?			
If clothing is provided against the cold, is it suitable for the pregnant Athlete?			
Is the Athlete exposed to cold draughts even when the average temperature is acceptable?			
Are there arrangements for sufficient breaks and access to hot or cold drinks, and snacks?			

Risk	Yes	No	Control Measures
Training at height			
Does training or competition involve a lot of climbing up and down, including the use of steps or ladders?			
Does training or competition involve lifting, or carrying items up or down, including the use of stairs or ladders?			
Does training or competition involve being at altitude or an environment that replicates this?			

Risk	Yes	No	Control Measures
Training or competition related violence (Violence and the fear of harm to the baby can increase the risk of miscarriage, premature birth, and problems with breastfeeding)			
During training or competition in all combat sports e.g. boxing, taekwondo, judo, what are the specific control measures and equipment in place to protect the Athlete and their baby. Please detail these and the agreement of use, in the Control Measures box.			
Is support available should the Athlete be threatened or abused by teammates or ASP?			
Are teammates and ASP aware of the added risks posed by violence to pregnant women?			

Risk	Yes	No	Control Measures
Welfare			
Is there somewhere quiet for pregnant Athletes to rest or lie down?			
Are toilets easily accessible and Athletes given sufficient breaks?			
Is there a clean and private area to express breast milk?			
Is there a safe place for Athletes to store expressed milk?			
What support is in place for the Athlete should they experience pre- or post-natal depression?			

Risk	Yes	No	Control Measures
Covid-related			
Is the Athlete under 28 weeks' gestation?			
Does the Athlete have any underlying health conditions such as heart or lung disease? (Refer to current Government guidance for at-risk conditions).			
Is the Athlete required to wear a face covering, which may impact on breathing?			

Risk	Yes	No	Control Measures
Emergency Evacuation			
In a training and competition environment, are there different evacuation procedures for a pregnant Athlete?			
Does the pregnant Athlete require a PEEP (Personal Emergency Evacuation Plan)?			
Has the Athlete been allocated a buddy for evacuation?			

Risk	Yes	No	Control Measures
Other			
Will the Athlete be exposed to any other risks which have not been highlighted above? Additional risks should be added to the appropriate section or below (within this 'Other' section).			
Comments (include confirmation of any changes adopted or new control measures introduced).			

APPENDIX B:

Risk Assessment Considerations

The below information has been provided by the British Safety Council and will help to ensure the Risk Assessment assessor understand why each question within the Risk Assessment is being asked.

The Risk Assessment assessor may also wish to familiarise themselves with the following information provided by the NHS too: [**Keeping well in pregnancy**](#)

Problem — working conditions	Nature of the risk
Movement and posture	<p>A variety of factors linked to pace of training and competition, rest breaks, training and competition area can be involved.</p> <p>Hormonal changes during and shortly after pregnancy affect ligaments and can increase chances of injury.</p> <p>Postural problems may get worse as pregnancy advances.</p> <p>Standing in one position for long periods can cause dizziness, faintness, fatigue. It also increases the chances of premature birth or miscarriage.</p> <p>Sitting for long periods increases the risk of thrombosis.</p> <p>Backache is also associated with long periods of standing or sitting.</p> <p>Confined space may be a problem particularly in the latter stages of pregnancy.</p>
Manual Handling	<p>The hormonal changes in pregnancy increase the risk of manual handling injuries.</p> <p>Postural problems can also increase as pregnancy progresses.</p> <p>There may be risks for mothers who have recently given birth.</p> <p>Breastfeeding mothers may have problems associated with increased breast size and sensitivity.</p>

Problem — working conditions	Nature of the risk
Training and competition time	Long hours can affect the health of pregnant mothers and can disrupt breastfeeding.
Training or competition-related stress	New and expectant mothers can be vulnerable to stress due to hormonal, psychological and physiological changes during pregnancy. Additional stress may occur if the woman has reason to be anxious about their pregnancy.
Extremes of cold or heat	Pregnant mothers are less able to tolerate heat or extreme cold.
Training at heights	Because of the risk of fainting and high blood pressure, it is hazardous for pregnant mothers to train/compete at heights.
Training or competition-related violence	Violence and the fear of violence can increase the risk of miscarriage, premature birth, and problems with breastfeeding.
Welfare issues	Rest facilities: rest is particularly important for new and expectant mothers. Hygiene: easy access to toilets is essential to protect against risks of infection and disease. Storage facilities: appropriate arrangements for expressing and storing breast milk are needed for breastfeeding mothers.

APPENDIX C

Pre, During Pregnancy and Post-Childbirth Resources

Please see below for a list of useful links to apps, Instagram pages, podcasts, and websites pre-birth, during pregnancy and post-childbirth, which have been gathered by UKS as part of their ongoing research in this area.

UKS hope this Appendix will grow and develop over time. Please email pregnancyguidance@uksport.gov.uk if you have any resources to add to the list below. UKS aim to review this Appendix annually, to establish whether the content is still relevant and to consider additional resources to include.

These links and resources are being provided as a convenience and for information purposes only. They do not constitute an endorsement or an approval by UKS of any of the products, services, or opinions of the organisation or individual. UKS bears no responsibility for the accuracy, legality, or content of the external site or for that of subsequent links. Contact the external owners for answers to questions regarding its content.

UKS recommend that you speak with your SGB doctor, your HCSI or your Performance Lifestyle Practitioner regarding further useful resources, which are more relevant to the Athlete population.

Pre-Birth

Charities:

➤ **Pregnant Then Screwed** (Website)

and ➤ **@pregnant then screwed** (Instagram)

Charity lead by women with lived experience of pregnancy and maternity discrimination.

The work they are doing has a positive impact on women and their families because so many women tell them that they were there for them when they felt their world was falling apart.

They also have a helpline which you can call: 0161 222 9879.

Their helpline advisers will do their best to support you with your query but in certain circumstances, they may need to refer your call to our legal advice line for further support.

➤ **MIND** (Website)

Provides information about maternal mental health.

Provide support for perinatal and postnatal mental health problems, including possible causes, treatments and support options.

Also has information for friends and family, including support and advice for partners.

MIND's Free helpline number is: 0300 123 3393.

✦ **PANDAS** (Website)

PANDAS is a community offering peer-to-peer support for you, your family and your network and a charity with a mission: 'To be the UK's most recognised and trusted support service for families and their networks who may be suffering with perinatal mental illness, including prenatal (antenatal) and postnatal depression.

Their aim is to make sure no parent, family or carer feels alone. They have a variety of support services available to ensure help is delivered in a way that is right for you. No one suffering any form of mental illness should feel they're on their own.

They only offer motivational and positive content through their social media channels, which adds to our value for parents who need their help the most.

They have a team of trained and dedicated volunteers, many of whom are studying and/or working within healthcare, midwifery or health services.

The free helpline number is: 0808 1961 776.

✦ **Tommy's** (Website)

Tommy's host a midwife-led hub which covers everything you need to know about having a safe and health pregnancy from conception to birth.

✦ **Create Fertility** (Website)

CREATE Fertility are the UK's number one Mild and Natural IVF specialists.

They provide women-friendly treatment that delivers better health outcomes for mothers and babies. Their pioneering approach focuses on the quality of eggs, not the egg quantity.

During Pregnancy

Tracking your Pregnancy:

✦ **Bounty Pregnancy, Birth and Baby** (App)

This app is available on Apple and Android phones.

From the best known parenting club, use the award-winning, bump-to-baby Bounty pregnancy and parenting app for:

- Practical advice on health, preparing for baby, best buys, birth and more.
- Connecting to your local NHS hospital to access leaflets and advice.
- Collecting your FREE Bounty packs.
- Day by day articles and updates for you and your baby.
- Organising your appointments, baby shopping list and midwife details.
- Womb with a view and actual baby foot size tracker.
- Exclusive vouchers on top brands.

✦ **Ovia Pregnancy** (App)

This app is available on Apple and Android phones.

Watch your baby grow, log your symptoms and learn what to expect week by week.

Tracks your weekly progress, allows you to learn more about your baby's development, and countdown to your due date.

🚩 **Peanut** (App)

This app is available on Apple and Android phones.

Provide a safe space for mothers, expectant mothers and those trying to conceive to build friendships, ask questions and find support in.

Introducing you to women nearby who are at a similar stage in life, Peanut provides access to a community of women who are there to listen, share information and offer valuable advice.

Whether it's understanding IVF, adoption, pregnancy, first years or nursery and beyond, Peanut is a place to connect with women like you.

Pregnancy Education:

🚩 **At Your Cervix** (Podcast)

At Your Cervix is a podcast dedicated to pelvic health. Pelvic health issues such as incontinence, pelvic pain or sexual dysfunction can affect both men and women. Shrouded in stigma, these issues are often poorly understood and considered embarrassing and taboo.

As a result, there is often a delay in accessing help. Grainne Donnelly and Emma Brockwell are two pelvic health physiotherapists on a mission to myth bust, empower and educate the public and non-specialised health and fitness professionals about pelvic health. Join them as they converse honestly and authentically with a variety of interesting guests on the taboo topics' others don't discuss.

🚩 **What to Expect When You Are Expecting by Heidi Murkoff** (Book – 5th Edition)

What to Expect When You're Expecting answers every conceivable question expectant parents could have, including dozens of new ones based on the ever-changing pregnancy and birthing practices, and choices they face.

Advice for partners is fully integrated throughout the book.

🚩 **The Positive Birth Company** (Website)

🚩 **@thepositivebirthcompany** (Instagram)

Founded in 2016 by Siobhan Miller, The Positive Birth Company is on a mission to support people as they embark on the most exciting journey of their lives: parenthood.

The PBC is committed to empowering women, birthing people and birth partners around the world to create positive experiences from conception through to birth and the postpartum period with their unique, accessible and fully comprehensive approach to prenatal, antenatal and postnatal education.

🚩 **Pregnancy Confidential** (Podcast)

A series of 32 podcasts designed to be accessed weekly by expectant mums.

Hosted by editors from Parents and Fit Pregnancy and Baby magazines, each 10-20-minute podcast walks listeners through the physical, emotional and/or lifestyle markers of that week of pregnancy.

🚩 **Truly Happy Baby...It Worked for Me: A practical parenting guide from a mum you can trust by Holly Willoughby** (Book)

This book is to help you find out what will work for you and your baby. Holly has included all the information and friendly advice she wished she had been given before she became a mum for the first time, alongside the routines, shortcuts and tips that worked for her.

🚩 **Made by Mamma's** (Podcast)

TV Presenter and Radio Broadcaster Zoe Hardman combined with Georgia Dayton bring their mummy blog to life as they discuss the baby brands they love, the products they swear by and the experiences they've been through during the first years of motherhood.

Each episode sees Zoe and Georgia chat to a famous face or an expert in their field on a host of topics ranging from pregnancy to sleep to activities to do with little ones and so much more.

🚩 **Why Did No One Tell Me? By Emma Brockwell** (Book)

For too long, women have been told that debilitating conditions following pregnancy are normal, to be expected, and something to just put up with.

Emma Brockwell is on a mission to change this. Having been through two difficult pregnancies herself, Emma combines her expertise as a specialist women's health physiotherapist with personal experience to create a warm, honest, informative and essential handbook to help pregnant women and new mums take control and care for their changing bodies.

Find out how to: Protect your pelvic floor, heal effectively from birth – both vaginal deliveries and caesarean sections, tackle common – and treatable – post-birth problems, exercise safely after birth.

🚩 **BabyCentre** (App and Website)

The BabyCentre vision: A world of healthy pregnancies, thriving children and confident parents.

BabyCenter is the world's number 1 digital parenting resource, with information and support that reaches more than 100 million people monthly.

BabyCentre provides useful updates on what to expect at every stage of pregnancy, in addition to when your baby grows into a toddler and you are experiencing something new for the first time.

Aptaclub Ireland (Website and You Tube Channel)

🚩 www.aptaclub.ie and 🚩 www.youtube.com

Their team of experts are here to support you on the exciting journey from pregnancy to toddlerhood.

You can join Aptaclub for week by week pregnancy development updates tailored to your stage and emails packed full of helpful tips, recipes and more from a team of midwives, nutritionists and mothers.

🚩 **Expecting Twins? (One Born Every Minute): Everything You Need to Know About Pregnancy, Birth and Your Twins.** (Book)

The book describes the fascinating ways that identical and nonidentical twins are conceived, how your pregnancy might develop and how to deal with the symptoms and other problems associated with a twin pregnancy.

There is up-to-date information on current antenatal tests and how they are performed when two babies are being carried. The book fully illustrates how your babies may present in the womb and how this can affect your options of delivery, as well as the birth itself.

Many expectant mothers worry about how they will feed two babies; the book provides all the information to enable a mother to understand her options fully.

The authors also advise on whether the babies should sleep together or apart, how to manage getting out and about and how to look after yourself in this busy time. Case studies from real parents and medical advice from twin consultants make this a practical, emotional and professional guide to support you in this joyous yet overwhelming time.

🚩 **The Baby Academy** (Website)

Deliver Live Online Classes for expectant parents across the UK, all delivered on our tailored and interactive platform, where you can ask questions in real-time.

A number of classes on the Baby Academy website are free for you to access.

🚩 **Emma's Diary** (Website)

Emma's Diary believe that being a new mum is the best thing ever but they know it can be a time for questions and seeking reassurance, which is where they can provide a supportive hand.

Pregnancy, birth and motherhood opens a whole new world of emotions, wonder and options, with every mum's journey being unique to them.

Over the past 27 years, Emma's Diary's mission has been to make sure that every mum-to-be and new parent has the information and tools needed to provide you with the support to make those important decisions.

At Emma's Diary they are there to support every mum through her amazing, personal experience of pregnancy, birth and early motherhood.

🚩 **How to Grow a Baby and Push it Out: Your no-nonsense guide to pregnancy and birth by Clemmie Hooper** (Book)

Everything you wanted to know but were too embarrassed to ask – a guide to pregnancy and birth straight from the midwife's mouth.

🚩 **The Positive Birth Book: A New Approach to Pregnancy, Birth and the Early Weeks by Milli Hill** (Book)

Challenging negativity and fear of childbirth and brimming with everything you need to know about labour, birth, and the early days of parenting, The Positive Birth Book is the must-have birth book for women of the 21st century.

Wellbeing:

🚩 **Jennis Pregnancy Programme** (App)

Available on Apple and Android phones.

Subscription of 1, 3, 6 or 12 months.

Jess Ennis-Hill, mum of two and Olympic gold medallist, has created the Jennis fitness app to help you great results in short amounts of time.

All Jess's pregnancy fitness app workouts have been created by Jess and her physio team to help you have the best possible pregnancy.

Jennis Fitness app Pregnancy Programme includes:

- Workouts that automatically update to suit your trimester and due date
- Trimester-specific pregnancy workouts – designed by expert physios to suit your changing body and growing bump
- Pregnancy ache and cramp-relieving exercises
- 5-min arm, bum and leg workouts
- Access to Jess's team for all your pregnancy fitness questions.

🚩 **Kim Perry Co** (Website)

Pre-natal and post-natal fitness specialist.

Created fitness programmes to inspire and motivate new and soon-to-be mothers to live a happy, healthy life through time-saving workouts and energy-boosting shifts.

The workouts are designed for you to stay fit throughout your pregnancy and motherhood without the worry of childcare, gym memberships or complex fitness programs.

📌 **Lucy Flow: Pregnancy, Birth and Beyond** (App)

📌 **@lucyflow_yogabirth** (Instagram)

Lucy is a yoga teacher specialising in childbirth preparation, and is also qualified in fertility yoga, pregnancy yoga and postnatal yoga.

Lucy aims to educate expectant mothers about birth with her free social media content and talks (Instagram: 📌 **@lucyflow_yoga**) and she also runs an online Yoga for Birth course that you can do at home to work around your training and competition schedule, and energy levels.

📌 **Active Pregnancy Foundation** (Website)

Women often face criticism if they continue an active lifestyle, and many are told to 'take it easy'. They also know that there is little consistent advice and support for women who wish to stay active, especially those from poorer socio-economic backgrounds. They intend to change this.

Their aims are to remove traditional barriers and social stigmas, ensuring there is easily accessible provision in expertise, information and support for women who choose to be active throughout pregnancy and motherhood.

As a charity the Active Pregnancy Foundation intends to normalise active pregnancies. So join their movement and help them to change our culture, and improve the future health of our nation.

📌 **Squeezy** (App)

Squeezy is the multi-award-winning app supporting people with their pelvic floor muscle exercise programmes.

Designed by chartered physiotherapists specialising in women's and men's pelvic health. Recommended by the NHS Apps Library. Available for £2.99 on iPhone and Android.

📌 **Women in Sport: Pregnancy and Exercise** (Podcast)

WIS chat to Olympian and retired GB hockey player Alex Danson, Trustee and ultramarathon runner Sophie Power, and Emma Brockwell, a specialist women's health physiotherapist, about getting active during pregnancy and how to get back to exercise after giving birth.

Hypnobirthing:

📌 **Hypnobirthing: Practical Ways to Make Your Birth Better by Siobhan Miller** (Book)

Expert hypnobirthing teacher and founder of The Positive Birth Company Siobhan Miller has made it her mission to change the way women around the world approach and experience birth. Through her teaching she seeks to educate and empower women - and their birth partners - so that they can enjoy amazing and positive birth experiences, however they choose to bring their babies into the world.

In this book, Siobhan debunks common myths about hypnobirthing and explains why she believes it can make every type of birth a better experience - from a water birth at home to an unplanned caesarean in theatre.

So, what is hypnobirthing? Essentially, it's a form of antenatal education, an approach to birth that is both evidence-based and logical. Hypnobirthing certainly doesn't involve being hypnotised; instead, it teaches you how your body works on a muscular and hormonal level when in labour and how you can use various relaxation techniques to ensure you are working with your body (rather than against it), making birth more efficient and comfortable.

📌 **Mindful Hypnobirthing: Hypnosis and Mindfulness Techniques for a Calm and Confident Birth by Sophie Fletcher** (Book)

Hypnotherapist and experienced doula Sophie Fletcher shares with you the secrets to having a safe, natural and positive birth.

Using a powerful combination of mindfulness, hypnosis and relaxation techniques, Sophie will ensure you feel genuinely excited and completely prepared for birth.

🚩 **Birth-Ed** (Website)

🚩 **@birthed** (Instagram)

Birth-Ed will provide you with information you need for giving birth your way.

Birth-Ed also offers hypnobirthing and antenatal courses.

Megan also runs a podcast which can be accessed here:

🚩 **<https://birth-ed.co.uk/podcast>**

🚩 **The Birth Thing** (Website)

🚩 **@thebirththing** (Instagram)

Katy is a certified Hypnobirthing teacher and founder of The Birth Thing, and she teaches a modern and comprehensive course that is suitable for all births.

Katy is passionate about educating and bringing expectant parents together at all stages of pregnancy and she facilitates free antenatal gatherings that take place monthly.

🚩 **The Yes Mum Birth Project** (Website)

🚩 **@theyesmumbirthproject** (Instagram)

The yesmum® birth project is an audio guide offering a modern approach to hypnobirthing for creating a positive and empowering birth experience, however your baby enters the world.

Hypnobirthing offers you the tools for a calm and comfortable birth, it equips you with the knowledge to make confident and informed decisions, and to empower yourselves through pregnancy, birth and beyond.

Charities:

🚩 **National Childbirth Trust** (Online Forum)

UK's largest charity for parents. Provide accurate, impartial information on parenting so that you can decide what's best for your family, and introduces you to a network of local parents to gain practical and emotional support.

🚩 **Maternity Action** (Website)

UK's leading charity committed to ending inequality and improving the health and wellbeing of pregnant women, partners and young children – from conception through to the child's early years.

🚩 **Birthrights** (Website)

UK's only organisation dedicated to improving women's experience of pregnancy and childbirth by promoting respect for human rights.

🚩 **Twins Trust** (Website)

Their mission is to provide families with the information and support they need to enable them to thrive.

They raise awareness, invest in research and campaign for the best possible outcomes for families.

They offer help, information and advice online, over the phone, or via Twinline. Whether you would like to chat about expecting twins, triplets or more; feeding, sleeping, starting school, friendships, getting to grips with the teenage years, or anything multiples related, Twinline can provide the support you need.

🚩 **Miscarriage Association** (Website)

The Miscarriage Association is here to provide support and information to anyone affected by miscarriage, ectopic pregnancy or molar pregnancy.

➤ **SANDS** (Website)

SANDS purpose is to support anyone affected by the death of a baby, and to work in partnership with healthcare professionals to ensure that bereaved parents and families receive the best possible care.

They also aim to promote improvements in practice and fund research to help reduce the number of babies dying.

➤ **Tommy's** (Website)

Tommy's has information and support for anyone who has experienced the loss of a baby, whether through miscarriage, still birth, neonatal death, or termination for medical reasons.

➤ **Cruse Bereavement Care** (Website)

Helps people understand their grief and cope with their loss.

They also have a helpline (0808 808 1677) and a network of local branches where you can find support.

➤ **Kicks Count** (Website)

Kicks Count was set up in 2009 after the founder, Sophia Wyatt, gave birth to her precious daughter Chloe stillborn. Chloe died just 3 days before her due date. In the days following Chloe's death, Sophia realised that many other families could be spared the same tragedy if only they had information that she hadn't - when babies are in distress in the womb, many of them move less before they pass away. By reporting a change in movements immediately, babies in distress could be saved.

Kicks Count aims to reduce the UK's high stillbirth and neonatal death rate by raising awareness of baby movements.

➤ **Feathering the Empty Nest** (Website)

Feathering The Empty Nest was created in January 2017 after Elle Wright lost her son, Teddy, in May 2016 at just three days old. Born out of a passion for making a house a home the blog was a space to share how that helped her heal and write about her experience of losing Teddy.

After winning Tommy's "Mums Voice Award" in 2018, Elle went on to write; Ask Me His Name (published in 2018) and A Bump In The Road (2021). Both raising funds for Tommy's, her aim has always been to unite bereaved parents and write truthfully about the road navigated after losing a child.

Post-Childbirth/Return to Training

Becoming a mother/parent:

➤ **Mother Pukka** (Website)

A portal for news, events, reviews and honest comments for people who happen to be parents.

➤ **Happy Mum, Happy Baby** (Podcast)

In a series of frank and warm conversations with other high-profile mums and dads, Giovanna Fletcher discusses all aspects of parenthood – the highs, the lows, the challenges and rewards. It's time to stop comparing ourselves and champion each other instead.

Each episode is truly unique, and no topic is out of bounds, therefore this podcast is essential listening for any parent seeking solidarity and support.

🚀 **Baby Check** (App)

This App is available on Apple and Android phones.

Baby check features 19 simple checks that parents can do if their baby is showing signs of illness.

Each check tests for a different symptom and when completed, a score is calculated that tells parents or carers how ill their baby is.

The App then lets parents know whether their baby needs to see a doctor or health professional.

🚀 **Ovia Parenting and Baby Tracker** (App)

This App is available on Apple and Android phones.

The must-have app for parents everywhere.

From expert articles to daily tracking, Ovia Parenting has everything a new parent needs.

🚀 **BabySparks Development and Activity** (App)

This App is available on Apple and Android phones.

Designed by child development experts and used by millions of parents and caregivers worldwide, BabySparks offers thousands of activities and milestones for children ages 0-3.

You get a personalized development program with proprietary smart adaptive technology that learns and adapts to your child's specific needs.

🚀 **The Wonder Weeks** (App)

This App is available on Apple and Android phones.

Suddenly... your baby is upset for days. Crying, sleeping poorly, and clinging to you. The Wonder Weeks tells you when to expect this difficult period and provides you with insights so that you can help your baby through this fussy stage of a leap in their mental development.

Discover your baby's developmental milestones and leaps with the world's most popular and best-selling baby app.

🚀 **Milk Making Mama** (Website)

Milk Making Mama is a community to help mums get together.

To motivate, educate and support each other through their breastfeeding, pumping and bottle-feeding journeys.

🚀 **Best Beginnings – Baby Buddy** (App)

This App is available on Apple and Android phones.

Best Beginnings is committed to supporting pregnant families and new parents across the UK 24/7, to help you look after your mental and physical health and to help you maximise your child's development.

They have already created an App - free NHS approved Baby Buddy app provides you with 24/7 support, including empowering and informing daily information, access to more than 300 films and other interactive features.

🚀 **The Mummy MOT** (Website)

A Mummy MOT is a specialist postnatal examination for women following both vaginal and C-section deliveries.

It will assess how your posture; pelvic floor muscles and stomach muscles are recovering after childbirth.

Your Mummy MOT physiotherapist will provide you with gentle exercises and treatment to help with your recovery – and get you back on track with your fitness goals.

Nationwide coverage.

🚀 **Raised Good** (Blog)

If we don't learn to parent naturally and consciously, our confidence, mental health and connection suffers.

Here you will find the resources and uplifting community you need to reclaim the wonder of motherhood and the joy of childhood, whilst deepening your family's lifelong bond.

✦ **S-OS Parenting** (Book)

Sarah Ockwell-Smith is a well known parenting expert and a highly regarded popular childcare author who specialises in the psychology and science of parenting, 'gentle parenting' and attachment theory, with a particular interest in child sleep.

She has authored eleven parenting books, including the best-selling 'The Gentle Sleep Book'.

✦ **KellyMom** (Website)

This website was developed to provide evidence-based information on breastfeeding and parenting.

✦ **La Leche League International** (Website)

Their mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

✦ **Ella's Kitchen** (Website)

Baby food made from 100% natural ingredients.

They provide free taster packs and food guides to support new parents as they start to introduce food to their baby. They also have great weaning videos on their website.

✦ **NCT Introducing Solid Foods** (Online workshop)

Introducing your baby to solid foods can be a very exciting time but you'll also probably have lots of questions.

NCT online workshops are interactive and tailored to you. They will help you decide when the time is right, how you want to go about it and what to expect.

✦ **What Mummy Makes by Rebecca Wilson** (Book)

Rebecca Wilson is a mum, recipe developer, trained peer-to-peer breastfeeding volunteer supporter and creator of the popular Instagram channel ✦ **@WhatMummyMakes**.

Sharing her easy, quick, fresh family meal ideas, suitable for babies reaching the weaning milestone, Rebecca wants to show parents and carers that introducing solid foods can be fun, exciting, easy and most importantly... delicious!

✦ **The Positive Breastfeeding book: Everything you need to feed your baby with confidence (by Amy Brown)**

Professor Amy Brown is Director of the centre for Lactation, Infant Feeding and Translation (LIFT) at Swansea University in the UK, where she also leads the MSc in Child Public Health.

When you're expecting a new baby, suddenly everyone around you becomes an expert – particularly when it comes to how to feed them. It is easy to become overwhelmed by conflicting advice, myths and exaggerated stories. The Positive Breastfeeding Book cuts through the anecdotes, giving you clear, no-judgement, non-preachy, evidence-based information to help you make the right decisions for you and your baby. It will...

- help you understand how breastfeeding works.
- give you tips for planning for your baby's arrival.
- help you cope with those early months.
- support you to make sure that whilst you're looking after the baby, you're getting taken care of too.
- point you to how to seek help if challenges come up.
- guide you through feeding in public and going back to work.

You'll find plenty of real stories and guidance throughout from mothers and experts in supporting breastfeeding. There are handy chapters on formula and mixed feeding, which cut through advertising spiel and give you the facts you need to choose and use formula safely.

➤ **Mush** (App)

Mush is the friendliest app for mums. They exist to ensure you stay happy, confident and connected through every stage of motherhood.

They understand the importance and brilliance of shared experience, so they unite local mums in peer-group 'pods' of five, with similar interests and one (or more) cute, screaming, dribbling things in common.

Whether learning from experts and each other or navigating mummy milestones, Mush gives you the learning, close support, friendships, engagement, and good fun that mums both need and deserve.

Think of Mush as your classroom, after school club and back row of the bus... all rolled into one!

Charities:

➤ **Association for Post-Natal Illness** (Website)

Provides support to mothers suffering from post-natal illness, increases public awareness of the illness, and encourages research into its cause/nature.

➤ **Birth Trauma Association** (Website)

A charity that supports women who suffer birth trauma – a shorthand term for post-traumatic stress disorder (PTSD) after birth.

➤ **National Childbirth Trust** (Website)

Advice and support for those who are suffering with postnatal depression.

➤ **Action on Postpartum Psychosis** (Website)

Action on Postpartum Psychosis is the national charity for women and families affected by Postpartum Psychosis (PP).

PP is a severe mental illness which begins suddenly following childbirth. Symptoms include hallucinations and delusions, often with mania, depression or confusion.

➤ **APNI (Association for Postnatal Illness)** (Website)

The APNI's main purpose is: Provide support to mothers suffering from post-natal illness, increase public awareness of the illness and encourage research into its cause/nature.

➤ **The Lullaby Trust** (Website)

The Lullaby Trust raises awareness of sudden infant death syndrome (SIDS), provides expert advice on safer sleep for babies and offers emotional support for bereaved families.

Please also note that MIND, PANDA and Tommy's charities (in the Pre-Birth and During sections) will also be able to provide further support on postnatal depression and post-traumatic stress disorder.

Wellbeing:

🏹 Jennis Post-Natal Programme (App)

Jess Ennis-Hill's Postnatal app programme is designed to help you get back to fitness in the right way for long-term health and fitness after the birth of your baby. This programme shares the same expert exercise circuits that Jess followed after both her pregnancies and she will coach you through every step of the way.

What you get:

- Stage 1 (0-8 weeks): Helping you build up your pelvic floor and core muscles after baby is born
- Stage 2 (8-16 weeks): Helping you develop that core control while adding light resistance
- Stage 3 (16-24 weeks): Postnatal fitness workouts that help you progress to a full fitness programme
- Access to Jess's team for all your postnatal fitness questions.
- Free trial
- Postnatal exercise expertise, wellness and meal ideas on the Jennis Fitness blog.

🏹 Fitmuma (Website)

Fitmuma have one mission which is to make Mum's feel happy, energetic, confident, motivated and feel like the person they want to feel like again.

They offer packages which cover everything from in person to online classes, in groups or one-on-one. They cater for the mum-to-be, the early postnatal, to the mum with grown up children.

The founder, Laura Warren has the role of being a mum of two boys, running several businesses and being an international sports woman. She is also passionate about educating mums about their body post-baby as she experienced a lack of help post pregnancy with regards to prolapse, diastis recti and pelvic floor recovery.

Government Initiatives:

🏹 Free prescriptions and 🏹 NHS dental treatment.

Free NHS dental care in the UK while you're pregnant and for a year after the baby is born.

In England, you're entitled to free prescriptions while you're pregnant and for a year after the baby is born.

In Scotland, Wales and Northern Ireland, you're entitled to free prescriptions at all time.

Who gets it? All women who are pregnant or who gave birth less than a year ago.

Please visit [Get help with NHS prescriptions and health costs](#) for more information.

🏹 Sure Start Maternity Grant:

A one-off £500 payment from the Social Fund to help with the cost of your baby. If you live in Scotland, this has been replaced with the Best Start Grant.

Who gets it? You'll get the grant if your new baby is the only child under 16 in your family and you or your partner get one of the following benefits:

- Pension Credit
- Income Support
- Universal Credit
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit at a higher rate than the family element
- Working Tax Credit which includes a disability or severe disability element
- Please visit [Sure Start Maternity Grant](#) for more information.

➤ **Healthy Start Vouchers** (England, Wales and Northern Ireland).

If you live in Scotland you cannot get Healthy Start. You can apply for Best Start Foods instead.

Weekly vouchers for free:

- milk - plain cow's milk, whole, semi-skimmed or skimmed pasteurised, sterilised, long-life or ultra-heat treated (UHT).
- plain fresh and frozen fruit and vegetables.
- infant formula.
- vitamins - pregnant women, women with a child under 12 months and children aged up to four years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins. Beneficiaries are entitled to one bottle every eight weeks.

Who gets it? You'll get the vouchers if you're at least 10 weeks pregnant or have a child under four and you and your family get one of the following benefits:

- Income Support.
- Income-based Jobseeker's Allowance.
- Income-related Employment Support Allowance.
- Child Tax Credit if your family's income is £16,190 or less and you're not getting Working Tax Credit.
- Working Tax Credit if you are receiving Working Tax Credit run-on. A run-on might be paid to you in the four weeks after you have stopped working enough hours to qualify for Working Tax Credit.
- Universal Credit if your household is earning £408 or less a month.
- Working Tax Credit run-on. This is the payment you receive for four weeks after you have stopped working for 16 hours or more per week (single adults).
- Pension Credit.
- You also qualify for Healthy Start Food Vouchers if you're not getting one of these benefits yourself, but you live with your partner and they get the benefit.

- If you're under 18 and pregnant you can also get Healthy Start vouchers, even if you don't get any of the above benefits.
- Please visit Healthy Start for more information.

➤ **Child Benefits**

- Child Benefit is available if you're responsible for bringing up a child who is either under 16 or under 20 if they stay in approved education or training.
- Only one person can get Child Benefit for a child.
- It's paid every 4 weeks and there's no limit to how many children you can claim for.
- By claiming Child Benefit, you can get National Insurance credits which count towards your State Pension, and your child will automatically get a National Insurance number when they're 16 years old.
- Please visit Claim Child Benefit for more information.

➤ **Tax-Free Childcare**

- You can get up to £500 every 3 months (up to £2,000 a year) for each of your children to help with the costs of childcare. This goes up to £1,000 every 3 months if a child is disabled (up to £4,000 a year).
- For every £8 you pay into this account, the government will pay in £2 to use to pay your provider.
- You can get Tax-Free Childcare at the same time as 30 hours free childcare if you're eligible for both.
- You can use it to pay for approved childcare, for example childminders, nurseries, and nannies, or after school clubs and play schemes.
- Please visit Tax-Free Childcare for more information.

APPENDIX D:

During Pregnancy and Post-Childbirth Mental Health

Perinatal Mental Health

- Mothers may experience perinatal mental health issues any time from becoming pregnant up to a year post-childbirth, and after experiencing a miscarriage.
- Having a child is a significant life event. It is natural for a mother to experience a range of emotions during pregnancy and post-childbirth. It is therefore important that anyone can identify the indicators of an Athlete experiencing poor perinatal mental health, which may relate to their pregnancy or past experiences.
- The most common perinatal mental health issues are depression, anxiety, and obsessive-compulsive disorder (OCD).
- More details about these conditions and where you will be able to advise a mother to seek help, are in Appendix C.

If you believe an Athlete is experiencing any of the above conditions, or another mental health issue during their pregnancy, it is advised that they speak with their GP, SGB doctor or Performance Lifestyle Practitioner and they will be able to support and/or signpost them to a medical professional for further advice.

Postnatal Mental Health

- It is common for a new mother to feel very emotional for a period post-childbirth.
- In the weeks post-childbirth, the mother will still be recovering, and they and their baby may be learning to breastfeed. It is important for mothers to eat well and healthily, get sleep when they can and if possible, allow others to take care of their baby for a break.
- New mothers may experience 'the baby blues', which often begins in the week after birth and ends once the baby is approximately ten days old. The baby blues are very common, and the mother may feel emotional

or irrational, burst into tears for no reason, feel irritable or touchy, or feel depressed or anxious. These are all normal feelings caused by hormone changes as their body becomes accustomed to not being pregnant anymore. A mother does not require any treatment for the 'baby blues' but it may be helpful for them to talk to someone about their feelings.

- It is important to distinguish between 'baby blues' and postnatal depression. Postnatal depression is when a new mother has feelings of sadness, hopelessness, guilt, or self-blame for weeks or months after the birth of their baby.
- Symptoms can vary from mild to severe and it can affect women in different ways. Some women may find it difficult to look after themselves and their baby if they have severe depression.
- Postnatal depression can be treated with the right care and support, and most women will make a full recovery.
- It is recommended that a new mother talks to their midwife or GP if they think they have any symptoms of depression if they last for more than two weeks. For further guidance and support on postnatal depression please signpost the Athlete to Appendix C.
- If a new mother experiences traumatic events during labour or childbirth, they may develop postnatal post-traumatic stress disorder (PTSD). PTSD is a type of anxiety disorder and is also known as birth trauma.
- Examples of traumatic events that may cause postnatal PTSD include a difficult labour with a long and painful delivery, an unplanned caesarean section, emergency treatment, or another shocking, unexpected, and traumatic experience during birth. These traumatic experiences can have a negative effect on a new mother's relationship with their baby and the people around them.
- Signs and symptoms of postnatal PTSD are re-living aspects of the trauma, alertness or feeling on edge, avoiding feelings or memories and difficult beliefs or feelings.
- There are various treatments that a new mother may be offered for postnatal PTSD. Their GP should discuss these options with them, so they can decide together about the best treatment for the new mother. For further guidance and support on postnatal PTSD please signpost Athletes to Appendix C.

Please note the above information in Appendix D has been sourced from the charities MIND and PANDAs. Further details of these charities can be found in Appendix C.

APPENDIX E:

Supplements

The Athlete may wish to take supplements (e.g.: vitamins, folic acid) during their pregnancy. There is never a guarantee that a supplement product is free from containing prohibited substances due to the following issues that can arise: i) products can become contaminated with prohibited substances during the manufacturing process; and ii) the ingredient label on products can be misleading or inaccurate. As such, if a supplement product has not been certified with a third-party batch testing scheme (such as Informed-Sport), the level of risk of a product containing a prohibited substance is unknown.

Although products marketed as vitamins or folic acid are recognised as dietary supplements, in some cases the Athlete's GP may be able to prescribe a pharmaceutical grade vitamin preparation which has been manufactured under tighter regulations. For example, there are several pharmaceutical grade products containing folic acid listed on the

➤ **Electronic Medicines Compendium**

The Electronic Medicines Compendium (EMC) contains up to date, easily accessible information about medicines licensed for use in the UK. EMC has more than 14,000 documents, all of which have been checked and approved by either the UK or European government agencies which license medicines. These agencies are the UK Medicines and Healthcare Products Regulatory Agency (MHRA) and the European Medicines Agency (EMA).

If an Athlete has a question specifically about taking supplements during their pregnancy, they should speak to their GP and UK Anti-Doping (ukad@ukad.org.uk).

APPENDIX F:

Miscarriage and Still Birth

The loss of a baby due to miscarriage or still born can be an incredibly difficult experience for mothers and their partners. The love a mother and their partner can have for their baby, no matter how old, can be incredibly strong. Both will have emotionally invested during the pregnancy and therefore the news of a miscarriage or still born will come as a huge shock. Please be aware that there is a substantial amount of support available to both the mother and their partner, some resources on these topics can be found in Appendix C.

Miscarriage

- Amongst women who know that they are pregnant, it is estimated that one in eight pregnancies will end in miscarriage. A miscarriage is the loss of a pregnancy during the first 23 weeks (➤ **Miscarriage - NHS**). The main sign of a miscarriage is vaginal bleeding, which may be followed by cramping and pain in the lower abdomen. If an Athlete experiences vaginal bleeding, they need to contact their GP or their midwife. Most GP's will be able to refer them to an early pregnancy unit at their local hospital straight away if necessary.
- It is also worth bearing in mind that vaginal bleeding is relatively common during the first trimester (first three months) of pregnancy and does not necessarily mean the Athlete is having a miscarriage.
- When a miscarriage is confirmed, the Athlete will need to speak to their GP or midwife about the options for the management of the end of the pregnancy. Often, pregnancy tissue will pass out naturally in one to two weeks. On some occasions, they may be given medicine to assist the passage of tissue, or they can choose to have minor surgery to remove it if they do not want to wait.

A miscarriage can be an emotionally and physically draining experience. For further advice and support, please signpost the Athlete to Appendix C.

Please note the above information in Appendix F and that on the following page has been sourced from the charities Miscarriage Association, SANDS, Tommy's, and Kicks Count. Further details of these charities can be found in Appendix C.

Still Birth

- A still birth is the loss of a baby after 24 completed weeks of pregnancy [\(Stillbirth - NHS\)](#), and before or during birth. Ensure that the Athlete contacts their GP or midwife straight away if they are pregnant and worried about their baby, for example if their baby is moving less than normal.
- If the Athlete loses their baby after 24 weeks, they may be able to wait for labour to start naturally or their labour may need to be induced. If the Athlete's health is at risk, their baby may need to be delivered as soon as possible.

Emotional Impact

- If the Athlete does experience a miscarriage or still birth, it is suggested that they speak with their GP who will be able to assess the most effective way to provide them with the support they need.
- Athletes may experience emotional trauma from a miscarriage or still birth immediately, or it may take a few weeks. However, it is likely that they will experience a bereavement period.
- They may feel tired, lose their appetite, or have some difficulty sleeping after a miscarriage or still birth. People grieve in different ways – whether they choose to discuss their feelings will be personal to them.
- If you are concerned by your Athlete and/or their partner's mental health, support groups are available to provide counselling services specifically for people affected by miscarriage or still birth.
- [The Miscarriage Association](#) is a charity that offers support to people who have lost a baby. They can be contacted on 01924 200799 and info@miscarriageassociation.org.uk.
- Cruse Bereavement Care ([Cruse Bereavement Support](#)) helps people understand their grief and cope with their loss. They also have a helpline (0808 808 1677) and a network of local branches offering support.
- If your Athlete would like to talk to a midwife about any aspect of still birth, the midwives on the Tommy's advice line are trained to discuss pregnancy loss and providing bereavement (0800 0147 800). Further support can also be accessed here: [Tommy's - Together, for every baby](#)

'Please note the above information in Appendix F, inclusive of that on the previous page has been sourced from the charities Miscarriage Association, SANDS, Tommy's, and Kicks Count. Further details of these charities can be found in Appendix C'.

APPENDIX G:

Diastasis Rectus Abdominis (DRA)

- Whilst pregnant, the abdominal (six-pack) muscles will stretch and separate. This is due to the growth of the baby and pregnancy hormones that soften the connective tissue. DRA occurs when these muscles overstretch during pregnancy and separate down the stomach midline (linea alba). Separation can occur any time in the last trimester, but it is most problematic after pregnancy when the abdominal wall is weak. If the abdominal muscles remain weak the rectus cannot contract efficiently, and the Athlete is more likely to suffer from back pain, have an increased risk of a hernia, and a heightened risk of getting injured. This is because the abdominals are important for supporting their back.
- After a pregnancy it is common to have a gap of about one to two finger breadths between the stomach muscles. This does not usually cause a problem. However, if the gap at the Athlete's midline is more than two fingers' width and has a visible bulge, the Athlete may have DRA and require support from a physiotherapist.
- Please also note that hormonal changes associated with the Athlete's pregnancy can affect their body in many ways. The Athlete should work with their medical support and coaching team to ensure that their IADP is adapted accordingly.

Please note the above information in Appendix G has been sourced from the NHS.

APPENDIX H:

APA Policy Framework – Pregnancy

NOTE: Please be aware that the policy below has been outlined in UKS's APA Policy Framework. All UKS funded sports are required to include a pregnancy policy within their Athlete Selection Policy document aligned to this framework, however, SGBs may wish to amend the wording as appropriate. Athletes should therefore be signposted to the SGBs pregnancy policy.

Being pregnant and an elite Athlete should not be mutually exclusive. To ensure support is provided for Athletes who wish to have a child whilst they are in membership of a high-performance programme and in receipt of an APA, the following policy will apply:

5.1 Athletes in receipt of APA funding will remain eligible to access their full APA (subject to means testing) for the duration of the pregnancy at the APA level they were on at the time of becoming pregnant and for up to nine months post childbirth.

5.2 Continued access to the APA post childbirth will be dependent on:

- a) The athlete's intention to return to the sport and the programme being discussed and confirmed no later than six months post childbirth
- b) At the point where the intention of the athlete is clear, forming a mutually agreed plan/timetable for return to training and competition – this plan should acknowledge the athlete's experience of pregnancy, the impact on them physically and mentally and the nature of the event they are returning to
- c) Monitoring, reviewing and confirming that the athlete has made the necessary commitment to this plan and is on track to return.

5.3 If the level of commitment and or progress against this plan are not demonstrated, the athlete would be given notice and offered a period of transition before the APA funding stops (see Athletes Leaving the Programme).

5.4 At nine months post childbirth the potential of the athlete should be assessed and confirmed to UK Sport in order to continue to access the APA. It is important to note that this assessment should indicate the

athlete's future medal potential and not necessarily performance outcomes.

5.5 An athlete who announces retirement from their sport during pregnancy or in the initial six months post childbirth, will not be given a further period of notice before the APA terminates.

5.6 In the event of complications either during the pregnancy or post childbirth, this policy will be flexed as is reasonable to accommodate these circumstances on a case by case basis.

As specified in section 11. APA Numbers of the APA Policy Framework:

Where an APA funded athlete that is ill, injured, or pregnant plays a critical role as part of a team, UK Sport will consider by exception providing an additional athlete place for the period the athlete is unavailable. This will only be considered where this period extends beyond three months and only in cases where it is necessary to temporarily replace the athlete to enable other athletes in receipt of an APA to train and compete.



APPENDIX I:

Multiple Pregnancies

- A multiple pregnancy means the mother is having more than one baby at the same time. This is most commonly twins but may include triplets or, rarely, more. Multiple pregnancy happens in about 1 in 60 pregnancies.
- Most women who are having twins or triplets have a healthy pregnancy and will give birth to healthy babies. However, complications are more common, and they will be offered extra care during their pregnancy. Problems that they may experience when pregnant (e.g. morning sickness, heartburn, swollen ankles, backache, and tiredness) are more common in multiple pregnancies.
- Overall, around 8 in 100 babies are born prematurely. This is more common if a mother has a multiple pregnancy, as they could either go into labour early or it is recommended by their GP that they have their babies early.
- Having a multiple pregnancy increases the chance that their placenta may not work as well as it should. This can affect the babies' growth and wellbeing during the pregnancy. Sometimes both babies may be small but more often only one baby is small.
- The mother will be under the care of a specialist healthcare team throughout their pregnancy. This should include a GP, a midwife and a sonographer who specialise in multiple pregnancies. They will be offered additional support as they need it from other team members, which may include dietitians, physiotherapists, mental health specialists, health visitors and infant feeding specialists.
- They will have an individualised plan of care for their pregnancy and birth that will include additional visits to the antenatal clinic and extra growth scans for the babies. They should be given information about what to expect from having a multiple pregnancy and a detailed plan of care at their first appointment with their specialist team. This should be by the time they are around 16 weeks pregnant.
- For more information, please signpost Athletes to [Multiple Pregnancies](#) [Twins Trust](#).

APPENDIX J:

Feeding the baby

Breastfeeding

To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

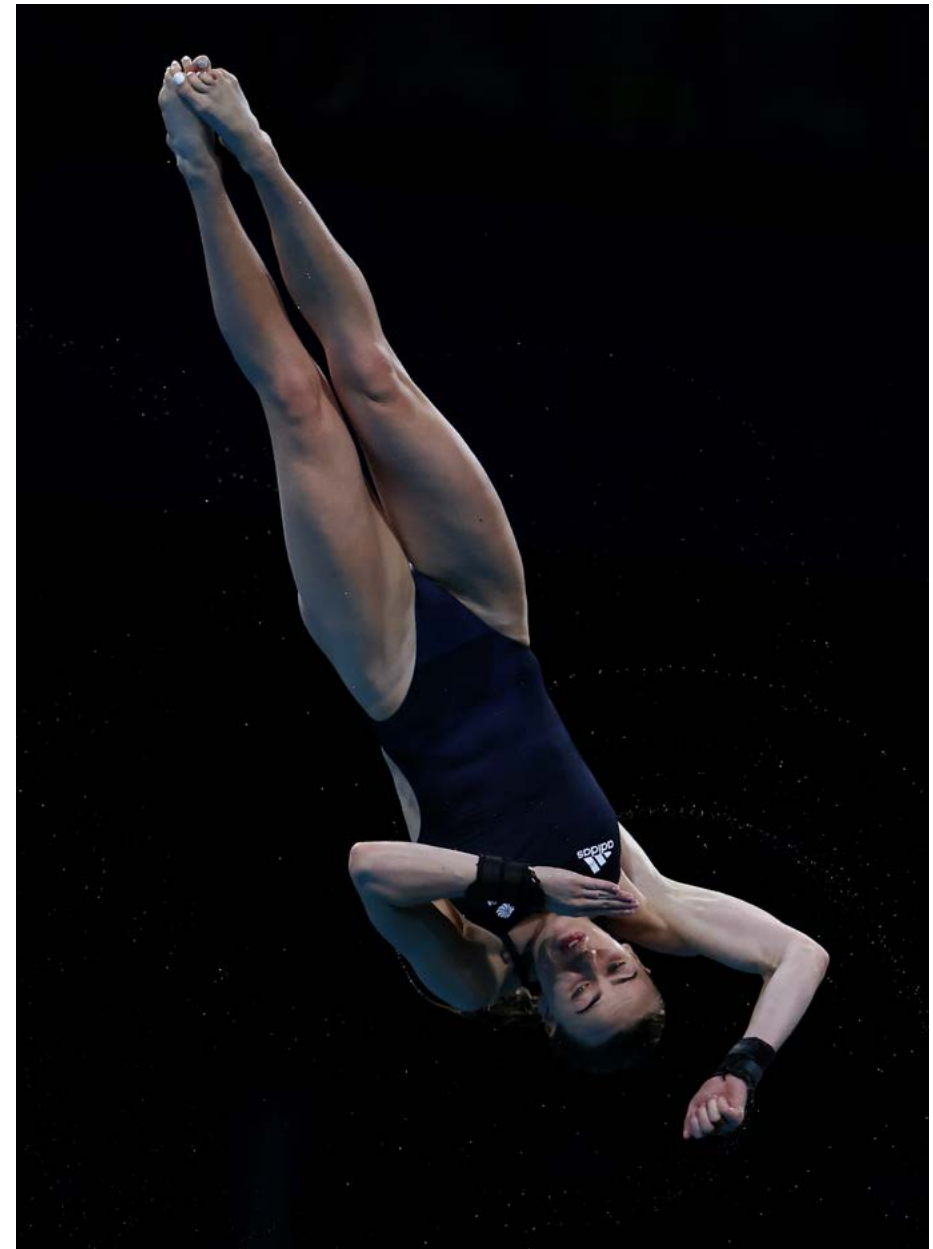
- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding – that is the baby only receives breast milk without any additional food or drink, not even water
- Breastfeeding on demand – that is as often as the baby wants, day and night
- No use of bottles, teats, or pacifiers.
- Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life ([WHO | Breastfeeding](#)).
- Research has also suggested that breastfeeding women who have been infected with Covid-19 continue to secrete virus-neutralising antibodies into their milk for up to 10 months ([Antibodies in breast milk remain for 10 months after Covid infection – study | Breastfeeding | The Guardian](#)).
- For further support and guidance on Breastfeeding, please signpost Athletes to the World Health Organisation (link above), the [National Breastfeeding Helpline](#) or the [NHS](#) (Latching on | Breastfeeding Guide | Start4Life).

Bottle Feeding (Express or Formula)

- If an Athlete is planning to bottle feed with expressed breast milk or infant formula, the NHS have provided some useful tips that will help them feed their baby and keep them safe and healthy ([🔗Bottle feeding advice](#)).
- If they decide to use infant formula, first infant formula (first milk) should always be the first formula they give to their baby, and they can use it throughout the first year.
- The Start for Life website also has useful information and advice about expressing and bottle feeding ([🔗Bottle Feeding | Breastfeeding | Start4Life](#)).

Expressing and Storing Breast Milk

- Expressing milk means squeezing milk out of a woman's breast so that they can store it and feed it to their baby later.
- The Athlete might want to express milk if:
 - They will be away from their baby e.g. for training and/or competition.
 - Their breasts feel uncomfortably full
 - Their baby is not able to latch or suck well, but they may wish to still give their baby breast milk
 - Their partner is going to help them with feeding their baby
 - They want to boost their milk supply.
- Should the Athlete need further guidance on expressing and storing breast milk, please signpost them to the [🔗NHS website](#) (Expressing and storing breast milk).



APPENDIX K:

Athlete Pregnancy Checklist

Please note that this is an example checklist and should not be deemed exhaustive. The following should act as a guide, recognising that circumstances may vary for each athlete.

Take a pregnancy test	<input type="checkbox"/>	Check which Government Benefits you are entitled to (including Maternity Allowance after week 26 and Sure Start Maternity Grant)	<input type="checkbox"/>	Start buying the things you'll need for your baby	<input type="checkbox"/>	Make sure you know the signs of labour	<input type="checkbox"/>
Review your SGB's Pregnancy Guidance/Policy *	<input type="checkbox"/>	Make an appointment to see your midwife or GP (starting your antenatal care)	<input type="checkbox"/>	Feeling hungry? Stick to a healthy diet	<input type="checkbox"/>	Pack your bag ready for the birth	<input type="checkbox"/>
Notify your SGB about your pregnancy (informally and formally in writing as soon as possible)	<input type="checkbox"/>	Book antenatal classes through the NHS and/or NCT	<input type="checkbox"/>	At least three months prior to the due date, meet with your SGB and performance support staff to discuss your intentions following birth	<input type="checkbox"/>	When in labour, phone the maternity unit before leaving home	<input type="checkbox"/>
Your pregnancy should remain confidential. Agree with your SGB when it may be appropriate to notify other Athletes and staff	<input type="checkbox"/>	Check eligibility for free milk, fruit and vegetables through Healthy Start	<input type="checkbox"/>	Agree on engagement levels with your SGB, which may involve attending training sessions	<input type="checkbox"/>	Consider engaging with your SGB within three months (timing is athlete-led) of the birth of your baby	<input type="checkbox"/>

If you wish to take supplements, such as folic acid please refer to APPENDIX E: SUPPLEMENTS	<input type="checkbox"/>	Make sure you've been offered all your screening tests	<input type="checkbox"/>	Want to contribute to your sport in another capacity whilst pregnant? Speak with your SGB about other available roles, i.e., an ambassador role	<input type="checkbox"/>	Discuss and confirm with your SGB your intentions of returning to your sport (within six months post-childbirth)	<input type="checkbox"/>
Stay active. Consult with a female athlete health specialist and physiologist (including pelvic health physiologist) **	<input type="checkbox"/>	Make an appointment to see a dentist (free dental care)	<input type="checkbox"/>	Consult with your Performance Lifestyle Practitioner about personal development you may wish to undertake during this period	<input type="checkbox"/>	Once your intention is clear, adapt your IADP for return to training and competition with your sport. You may wish to also discuss childcare plans	<input type="checkbox"/>
Meet with your SGB to design an appropriately adjusted IADP for each stage of the pregnancy	<input type="checkbox"/>	Ask to hear your baby's heartbeat	<input type="checkbox"/>	Stay connected with friends and family throughout your pregnancy and after	<input type="checkbox"/>	Ensure the SGB conducts a risk assessment and 'signs you off' prior to your return to training ***	<input type="checkbox"/>
Ensure the SGB conducts a risk assessment with you early in your pregnancy and at regular intervals thereafter	<input type="checkbox"/>	Visit the maternity unit you plan to give birth in	<input type="checkbox"/>	Start your birth plan	<input type="checkbox"/>	Consider childcare arrangements and tax-free childcare support available	<input type="checkbox"/>

* This should state what obligations you and the SGB have, and what support (including APA) is provided

** It is recommended that you contact smarther@eis2win.co.uk femaleathletehealth@sisport.com or another HCSI

*** This should also consider other post-childbirth matters, such as breastfeeding and how the SGB may support you with this

APPENDIX L:

Definitions

‘APA’ means Athlete Performance Award, a National Lottery funded grant;

‘Antenatal’ means the medical care given to pregnant women before their babies are born;

‘Athlete’ means any athlete in receipt of funding from UK Sport and includes Performance Support Personnel;

‘Athlete Agreement’ means the agreement you enter into with your NGB / HCGB to become a member of the WCP;

‘Athlete Support Personnel / ASP’ means the Performance Management Staff, official, member of the Medical & Scientific Support Staff, Personal Coach, Coach, Performance Director, trainer performance analysts, performance pathway managers, team and high-performance manager, performance scientists or any other person employed by or working with you participating in supporting you as a member of the WCP and/or in a Competition (Sport Scotland refer to ASP as Sport Programme Team (SPT));

‘British Athletes Commission (BAC)’ provides independent, confidential, expert, and professional support and advice for all athlete members. If necessary, the **BAC** can provide athletes with pro bono legal advice and support to challenge discriminatory or inappropriate behaviour;

‘Competition’ means any event of the Sport or series of events conducted over one or more days including a National Competition or International Competition;

‘Equality Act’ means **The Equality Act (2010)** which legally protects people from discrimination in the workplace and in wider society;

‘Funded Programme’ means ‘any the high-performance programme of an NGB which is supported by funding from UK Sport’;

‘Home Country Sports Institute / HSCI’ means English Institute of Sport, Scottish Institute of Sport, Sport Institute Northern Ireland, and the Welsh Institute of Sport;

‘Individual Athlete Plan’ means the plan setting out the Athlete’s individual training, competition strategy, personal education (if applicable), personal development needs (including time to attend career and developmental events, courses and training) and identifying personal performance, education and development goals, support service requirements and performance targets including a Transition Plan;

‘International Competition’ means any summer or winter Olympic or Paralympic Games, World, European Championships, or any other international competition for the sport recognized by the international federation or international disabled sport federation;

‘Medical & Scientific Support Staff’ means members of our support team who are required to be professionally qualified such as doctors, physiotherapists, clinical psychologists, exercise physiologists, podiatrists, osteopaths, chiropractors, counsellors, nutritionists, performance lifestyles practitioners, psychologists, skill acquisition practitioners, strength and conditioning practitioners, massage therapists, sports scientists or any other person employed by or working with us participating in supporting you as a member of the WCP and/or in a Competition;

‘National Competition’ means a county, regional or national trials competition of the sport including Home Country or British Team qualifying events;

‘Post-Childbirth’ means after giving birth;

‘Personal Coach’ Shall mean a performance coach retained by you with expertise and a proven track record in the Sport;

‘Performance Director’ means the performance director or equivalent of the NGB or his or her appointed representative;

‘Performance Lifestyle Practitioner’ means a role which works with a person first approach to provide an individual coaching and mentoring service to all World Class Programme (WCP) athletes. Their aim is to support athlete well-being and to encourage and facilitate their personal and professional development alongside their competitive sporting careers as they move on to, through and beyond the WCP;

‘Performance Support Personnel (PSP)’ means guides, pilots, ramp assistants, cox etc. They are also considered under the term ‘Athlete’ in the application of this guidance;

‘Pregnancy’ means the state of being pregnant;

‘Protected Characteristics’ means the nine Protected Characteristics of the Equality Act (2010) which are: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation;

‘Sports Governing Body’ or **‘SGB’** means the National Governing Body (NGB) of your sport or the funded body that operates the WCP for your sport;

‘UKAD’ means United Kingdom Anti-Doping Limited a company incorporated in England and Wales (company number 06990867), or any successor to it, responsible for implementing the UK Government’s National Anti-Doping Policy (a copy of which can be found on [UKAD’s website](#))

‘UK Sport’ or **‘UKS’** means the United Kingdom Sports Council, incorporated by Royal Charter, (registered number RC: 000765) or any successor to it;

‘World Class Programme’ or **‘WCP’** means a World Class Programme designed, structured and operated by the Recipient to systematically nurture and sustain Athletes capable of succeeding at the highest level of international competition and supported via the Podium and Academy investment streams;

‘Year’ means 1 April to 31 March for Summer Olympic and Paralympic sports and 1 October to 30 September for Winter Olympic and Paralympic sports.

