CHAPTER 35

MATERNITY, PATERNITY AND ADOPTION - MANAGEMENT AND CARE OF PERSONNEL

(Sponsor: NAVY PEOPLE-PSP EMP WF SO2)

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CHAPTER 35

MATERNITY, PATERNITY AND ADOPTION - MANAGEMENT AND CARE OF PERSONNEL

3501. Introduction to Maternity, Paternity and Adoption

a. It is not possible to cover all aspects of pregnancy, parenting and related issues within this chapter. The aim is to highlight some of the key areas which the Commanding Officer (CO), Divisional Officer/Troop Commander/Line Manager (DO/Tp Cdr/LM) and Career Manager (CM) need to be aware of and it **must** be read in conjunction with JSP 760 Tri-Service Regulations for Leave and Other Types of Absence, Chapter 58 (Management of Career), JSP 661 (Health and Wellbeing) Chapters 2 and 5 . Line Managers should direct individual enquiries to the Parent Support and Information teams (PS&ITs) or UPO Maternity Desks, but are also welcome to seek further advice on policy from SO2 Women and Families Coherence NAVY PEOPLE-PSP EMP Pol SO2. For specific areas this guidance must be read in conjunction with the following:

(1) **Pregnancy.** JSP 760 Chapter 24.

(2) **Adoption.** JSP 760 Chapter 25.

(3) **Surrogacy.** JSP 760 Chapter 26.

(4) **Paternity.** JSP 760 Chapter 27.

(4) **Shared Parental Leave.** JSP 760 Chapter 28.

(5) **Parental Leave.** JSP 760 Chapter 29.

(6) **Assisted Conception and Fertility.** JSP 661 Chapter 2.

(7) **Breastfeeding.** JSP 661 Chapter 5

b. These policies are applicable to all eligible personnel.

c. The essential tenets of the Armed Forces' Maternity, Shared Parental, Paternity and Adoption policies are as follows:

(1) To provide supportive arrangements to enable SP to accommodate pregnancy, maternity and paternity absence within their Service careers. This includes prenatal and pre-adoption arrangements and, for those who choose to return to duty following pregnancy and maternity leave, additional provisions under the Armed Forces Occupational Maternity Scheme (AFOMS), Armed Forces Occupational Adoption Leave Scheme (AFOALS) and Armed Forces Occupational Shared Parental Leave (AFOSPL).

(2) That no SP will be treated less favourably because they are pregnant, absent on maternity, Shared Parental, Adoption or Paternity leave or for any other reason connected to a pregnancy.

(3) That the health and safety of the pregnant SP and unborn baby and, subsequently, the SP and newborn baby, are paramount and will be safeguarded in accordance with the law.

(4) That unless they volunteer otherwise, a SP who returns to work after a period of maternity leave will not be deployed on operations and exercises either overseas or in the UK for a period of at least six months following the birth[1], although they will be liable for the full range of remaining duties (compatible with any health and safety or medical grading restrictions).

(5) That upon pregnancy, a SP may choose to leave the Service prematurely on the grounds of pregnancy.

(6) That, from the end of week 25 of pregnancy, the SP must formally declare the pregnancy to the employer (using form Mat B1) in accordance with JSP 950 Part 1 Lft 6-7-7 - Joint Manual of Medical Fitness (Appendix 1 to Annex J – 5-J-A-1 to 5-J-A-13).

d. It is important that those dealing with a pregnant SP, parents embarking on Shared Parental Leave (ShPL) or Service personnel undergoing the adoption process, do so in a professional yet compassionate manner. Being treated in a positive manner will reinforce the individual's feeling of being a valued member of the Royal Navy and they are more likely to return to work on completion of their leave. Fundamental is the recognition and respect of a Service Person's legal right to take statutory maternity, paternity and adoption leave and some additional unpaid maternity leave, as well as their right to return to work after having a child.

e. Pregnancy and maternity are classified as Protected Characteristics under the Equality Act 2010 which means that it is unlawful to discriminate against, harass or victimise an individual or treat them unfavourably as the result of a pregnancy or a related illness, or because they are exercising, have exercised or are seeking to exercise their right to maternity leave.

f. Practical information and guidance for SP and line managers is available through regional Parenting Support and Information Team (PS&IT).

[1] This is increased to at least twelve months from the birth of the child for the Royal Navy (Para 3508.g sub para (1)).

3502. Maternity

To enable the DO/LM to offer guidance and counselling, an outline of the actions a SP should take to complete the Maternity Routine is given below:

a. **Confirmation and Declaration of Pregnancy.** The pregnancy must be confirmed by a unit Medical Centre. A Certificate of Pregnancy (FMed 790) will be issued once the SP is ready to declare their pregnancy and the Medical Centre will raise a signal changing the SP's Medical Category. (This will be a pregnancy specific MedCat but the Medical Centre may use an alternative non-specific MedCat if there is a need to keep the pregnancy confidential). The SP should then report to the Maternity Desk in the nearest shore-side UPO/Admin Office and advise that they have formally declared their pregnancy.

(1) If the SP does not wish the pregnancy to be disclosed, it is imperative that this right to privacy is respected and the pregnancy should not be discussed with anyone else without their consent.

(2) The right to privacy from declaration will cease from the end of week 25 of the pregnancy, in line with the detail at Para 3501 sub-para c(6), whereby the SP must be medically downgraded as Medically Non-Deployable (MND) with Medical Employment Standard E6.

b. **Sea Goers.**

(1) If a pregnancy is confirmed whilst at sea, the SP should be transferred ashore from the ship/submarine at the earliest operationally convenient opportunity. Pregnancy is not a medical emergency and does not require instant removal from the ship/submarine. Transferring a pregnant SP ashore is a Health and Safety precaution and aims to protect the individual and the unborn child from any possible risks caused by sea service; this action should be fully articulated to the individual by the DO/Tp Cdr. If the SP is serving in a submarine BRd 9902 Section 6 gives guidance.

(2) If the ship/submarine is alongside the SP may opt to remain on board; this is subject to a risk assessment being conducted and the SP accepting its results. Consideration is to be given to adjusting their role for the SP to remain in post. The DO should read JSP 375 Part 2 Vol 1 Ch 20, the MOD Health and Safety Handbook Guide for further information on Risk Assessments. See also sub para e below. SP can remain on board up to the end of the 25th week of pregnancy or until the individual feels that it is becoming too awkward to move around the ship/submarine. They must be transferred ashore, however, if the ship/submarine proceeds to sea at any point.

(3) A pregnant SP who is transferred ashore should report to their base port Career Management Cell (CMC) where they will complete a joining routine as part of the managed move from the ship. This will include making contact with the relevant Personnel Support Group (PSG) or Recovery Cell (RC) in accordance with Para 3508. The PSG or RC, in liaison with the CMC , will make arrangements for employment ashore or find suitable alternative employment. Alternatively, a pregnant SP may request a shore assignment which will be considered by the relevant desk in the same manner as any other application. If the request is approved, normal assignment action is to be completed by the ship/unit.

c. **Phase 1 Training.** Specific direction on the management of a pregnant SP during Phase 1 training is at Annex 35D.

d. **Health and Safety.** A Health and Safety Risk Assessment (RA) of a pregnant SP's work-place is a mandatory legal requirement. This RA is in addition to the generic assessment carried out for a place of work and is individual to the pregnant SP. The SP should complete Annex 35E requesting an assessment be conducted. It is the responsibility of the DO and departmental Health and Safety Officer to ensure that this is undertaken as per JSP 375 Part 2 Vol 1 Ch 20. A standard risk assessment form is to be used and the assessment must be carried out by a qualified risk assessor and be reviewed at regular intervals as the pregnancy progresses. If at sea, a risk assessment should be carried out to cover the period until the SP is transferred ashore. Once the outcome has been discussed, both the SP and the unit Health and Safety Officer should sign the form, the SP will annotate the form to acknowledge that they have understood its contents and had any risks explained. Copies of the risk assessment must be retained by the unit or building manager, the LM/Tp Cdr/DO and the SP. Irrespective of the nature of the current assignment, consideration must be given to adjusting the SP's to enable them to remain in post, should they wish to do so.

e. **Maternity Notice Form.** It is a legal requirement for a SP to inform their employer of a pregnancy and future work intentions by the 15th week before the baby is due. The SP has the option to leave the Service on pregnancy, or to return to work after a period of paid Ordinary Maternity Leave (OML) (up to 26 weeks), Additional Maternity Leave (AML) (26 weeks from the end of OML) and/or Parental Leave. SP should be encouraged to notify their employer of their intentions by completing one of the Maternity Notice Forms (which are available on JPA or by hard copy in the maternity office) as early as possible. Once completed, the Maternity Notice Form, together with the MAT B1 certificate if available, should be handed to the Maternity Writer. (The MAT B1 form will be issued by a midwife/GP no earlier than 20 weeks before the baby is due, but should be issued no later than week 25 of the pregnancy). UPO Maternity Desk staff will then raise a Confirmation of Entitlement letter which the SP will need to take to their DO/Tp Cdr/LM. The DO/Trp Cdr/LM will retain a copy of the letter for their records as required. A copy of the Maternity Notice Form, Mat B1, and the letter should be retained by the Maternity Desk and the PS&IT DO.

f. **Maternity Uniform.** Several Uniform Clothing Stores (UCS) now keep a stock of maternity uniform in the more common sizes but if it needs to be ordered, delivery times can vary from 2 to 12 weeks. Maternity uniform is to be ordered as soon as possible in the pregnancy and worn when normal uniform becomes uncomfortable. Maternity uniform can be ordered via the My Navy app. An FMed 790 (issued by Sickbay on confirmation of pregnancy) is required to collect maternity uniform. Alterations can be arranged through the clothing store. For further information see Para 3815.

g. **Accommodation.** The tri-Service Accommodation regulations are set out in JSP 464 Part 1. If a pregnant SP is single, or has an entitlement to Single Service Accommodation (SSA), they may either continue to occupy accommodation up until leaving the Service, or, if they are remaining in the Service, apply for Service Family Accommodation (SFA) into which they can move from three months prior to the expected date of childbirth.

h. **Medical Examinations.** A pregnant SP must have a medical examination prior to proceeding on maternity leave. They must also have a Return to Work Medical as soon as practicable on returning to work.

i. **Maternity Mortality.**

(1) A miscarriage occurs when the body terminates a pregnancy on its own before the pregnancy has carried to 24 weeks. A SP who has a miscarriage will not be entitled to maternity leave or pay, but normal sick leave provisions will apply.

(2) Stillbirth is when a pregnancy has carried to 24 weeks or more, but the baby dies before it is born. In such circumstances a SP will qualify for maternity leave and pay.

(3) Perinatal death occurs when a baby is born after 22 weeks gestation, who is alive for even an instant but dies within 7 days, the rules for a live birth will apply.

(4) Infant death can occur in babies aged 8 days – 1 year. This may have been expected, in the case of significant medical disabilities, or unexpected such as Sudden Infant Death sometimes known as “Cot Death”. If the baby dies in any of these circumstances during maternity leave, the rules for a live birth will apply. If this occurs after 1 year of age AFOMS entitlement is no longer applicable but other types of leave (i.e. sick leave and compassionate leave) should be offered to the SP.

(5) Ectopic pregnancy is most likely to be diagnosed before 12 weeks gestation. An ectopic pregnancy is where the baby has developed outside of the womb. This can be a life-threatening emergency for the SP requiring immediate surgery or medical management, ending the pregnancy.

j **AFOMS.** The following is a Summary of the Regulations for Babies born under AFOMS.

Table 35-1. Maternity Provision

Length of Service	Maternity Provision
All SP, regardless of length of service	Up to 52 weeks of maternity leave. This is made up of 26 weeks of OML and 26 weeks of AML. The first two weeks after the birth count as compulsory maternity leave and it is a legal requirement that SP must not work during this time. Annual Leave continues to accrue throughout the entire period of maternity leave , both paid and unpaid periods.
A SP with less than 26 weeks continuous service by the Qualifying Week (Note 1) (whether or not they intend to return to service) and who is still serving in the Qualifying Week.	Up to 52 weeks of maternity leave. This is made up of 26 weeks OML and 26 weeks AML. The SP will not be entitled to enhanced pay under the AFOMS during OML; nor will they be entitled to SMP (Note 2). However, depending on individual circumstances they may be entitled to other State benefits.
A SP with 26 weeks or more but less than a year's continuous service by the Qualifying Week and who is still serving into the Qualifying Week (whether or not they intend to return to Service following maternity leave).	Up to 52 weeks of maternity leave. This is made up of 26 weeks OML plus 26 weeks AML. During OML they will not be entitled to enhanced maternity pay under the AFOMS but may be eligible for SMP, which is payable during the 26 weeks of OML and first 13 weeks of AML.
A SP with a year's continuous service by the qualifying week, who is still serving into the qualifying week and who states their intention to return to duty following maternity leave for a minimum period of 12 months	Up to 52 weeks of maternity leave. This is made up of 26 weeks OML plus 26 weeks AML. During the 26 weeks OML they will be entitled to full normal pay and the first 13 weeks of AML will be paid at the standard rate of SMP. The remaining 13 weeks will be unpaid.
A SP with a year's continuous service by the qualifying week, who is still serving into the qualifying week and who chooses not to return to duty.	Up to 52 weeks of maternity leave. This is made up of 26 weeks OML plus 26 weeks AML. During the 26 weeks OML and the first 13 weeks of AML they will be entitled to receive the standard rate of SMP. The remaining 13 weeks of AML will be unpaid.

Notes:

1. *Qualifying Week: 15th week before the week in which the baby is due.*

2. *SMP: Statutory Maternity Pay.*

3503. Adoption

The Armed Forces are committed, wherever possible, to providing supportive arrangements for personnel adopting children. It is important to stress that this provision relates only to adoption placements organised through legally recognised adoption agencies and to children placed for adoption within Great Britain. It does not, for example, apply in a case where a step-parent adopts a child after marrying the biological parent or after forming a civil partnership. Adoption Leave is open to both male and female Service personnel, but only one parent is eligible for Adoption Leave/Adoption Pay. Both parents would be entitled to SPL as described at Para 3507.

a. **Adoption Notice.** It is in the interests of both the Service and the individual concerned to give as much notice as possible of the intention to take Ordinary Adoption Leave (OAL) or Additional Adoption Leave (AAL). In any event, a minimum of at least 28 days' notice should be given by Service personnel requesting OAL or, in the event of notification of placement being at shorter notice, as soon as is reasonably practical.

b. **Adoption Leave**. All qualifying SP are entitled to take up to 52 weeks of adoption leave as described in JSP 760 Chapter 25. A Primary Adopter (the one taking adoption leave) may apply for paid time off to attend up to five pre-adoption appointments and the other parent can apply for paid time off to attend up to two adoption appointments (using JPA Form R001) unless this is not possible for Service reasons (JSP 760 Chapter 25); this entitlement is applicable after the person adopting has been matched with a child. There is no entitlement to additional leave to attend appointments prior to being matched with a child, however, SP undergoing adoption application process may wish to consider formally approved flexible working arrangements to facilitate this process (see JSP 750 for further information).

c. **Accommodation.** Service personnel who are adopting are entitled to occupy SFA from the date of approval given for the need to establish a home, prior to any child being placed with the adoptive parent.

d. **Appraisal Reports.** See JSP 757 Pt 2 Vol, 1 Annex A Para 1(c) (OJAR) and Annex B Para 1(d) (SJAR).

3504. Surrogacy

Parents entering into surrogacy arrangements have the same rights as adoptive parents regarding maternity/paternity leave allowances. JSP 760 chapter 26 holds the policy on surrogacy in UK and overseas.

3505. Assisted Conception

It is recognised that the processes associated with assisted conception treatment may affect the functional capacity and deployability of SP. JSP 661 Chapter 2 provides policy and guidance to SP and line management regarding Assisted Conception. This includes guidance on the provision of geographical stability and leave to access treatment. SP undergoing assisted conception may require greater protection; individuals and line management should seek risk assessment and note that temporary medical employability limitations may be necessary. Further information can be found within JSP 950 Leaflet 6-7-7 Chap 5 Annex J and JSP 661 also provides guidance for Service Parents regarding arrangements for NHS Infertility Treatment where Armed Forces Compensation Scheme (AFCS) applies.

3506. Paternity Leave and Pay

a. As with Maternity Leave, there are other conditions which need to be met in order for a person to be entitled to Paternity Leave and the DO/LM must refer to JSP 760 Chapter 27 . Paternity Leave is still applicable in cases of adoption and Para 3503 gives further details.

b. **Ordinary Paternity Leave.** Two weeks Ordinary Paternity Leave (OPL) is a statutory entitlement and the entitlement applies when a person is:

(1) The biological non-primary carer of the child with the responsibility for the child's upbringing.

(2) Not the biological parent of the child but is married to or in a civil partnership with the other parent and has or will have (apart from any responsibility of the other parent) the main responsibility for the upbringing of the child.

(3) Not the biological parent of the child but who lives with the other parent and the child in an enduring family relationship and is not an immediate relative of the other parent and has or will have (apart from any responsibility of the other parent) the main responsibility for the upbringing of the child. An immediate relative includes a parent, grandparent, sibling, aunt or uncle and includes relationships of both full and half blood.

3507. Shared Parental Leave (SPL) and Shared Parental Pay (ShPP)

a. The DO/LM and CM need to be aware of the policy on for SPL and ShPP and must read JSP 760 Chap 28. The Armed Forces Occupational Shared Parental Leave Scheme (AFOSPLS) allows eligible parents to choose how to share the care of their child in the first year of the child's life or the first year after a child's placement for adoption. Eligible Service personnel can end their maternity or adoption leave early and, with their spouse, civil partner, partner or the other biological parent with responsibilities for the care of the child, opt to take SPL instead of Maternity Leave. SPL attracts ShPP which is payable at an enhanced rate (full daily rate of pay) or statutory rate, providing that both parents meet certain qualifying and eligibility criteria. The current statutory rate of ShPP can be obtained from the UPO Maternity Desk. The maximum SPL available is 50 weeks and the maximum ShPP available is 37 weeks.

b. A Service person can receive 26 weeks of full pay if they are pregnant or adopting or allowed to undertake SPL whilst on a Career Intermission (CI), in accordance with JSP 760, Chapters 24 and 25, but only if they agree to return to work on completion of their CI.

c. Anyone considering applying to take SPL should read the JSP 760 Chap 27 carefully and discuss their plans with their DO, their PS&IT Office and their Career Manager at the earliest opportunity, noting that individuals must give at least 15 weeks' notice before commencement of any SPL.

3508. Career Management

a. An individual is not required by law to inform their employer of their pregnancy until the 15th week before the baby is due. However, in an effort to assist both the individual and the Service in future planning, SP are strongly encouraged to inform their DO/Tp Cdr/LM and Career Manager/Adviser of pregnancy as early as possible. This will allow a realistic forecast of future assignment to be given to inform their decision making. In addition, it will ensure that the Royal Navy is able to fulfil its legal obligations under the Health and Safety at Work Act to both the SP and the unborn child.

b. It is important that the SP attend a meeting with their Career Manager (no later than 15 weeks prior to EWC). This will enable discussions over future employment which will enable them to secure housing, childcare setting and support network in the appropriate location. It is the responsibility of the DO/Tp Cdr/LM to ensure that this takes place. This interview is to include, but not be limited to, the following:

(1) Acknowledgement of their geographical and assignment preferences.

(2) Discussion of sea and/or operational service preferences and the impact that deferring this service may have on their career.

(3) Acknowledgement of proposed return to work date and likely career opportunities on their return to work. This may be particularly difficult given the timeframe of maternity, adoption or shared parental leave but the Career Manager should make every effort to ensure that the SP can begin to make childcare arrangements before the child arrives.

(4) If the other parent of the baby is also serving in the Armed Forces, they can apply for Dual Serving Parents (DSP) status[2]. Unless registered, both partners (if Royal Navy) will be liable for sea going service – see Para 5808 for more detail.

[2] DSP applies equally to dual serving parents who are married, in a civil partnership, long term established relationship, separated or divorced: the intent of the allowance is to recognise the child who has both parents, or people with legal responsibility for them, serving.

c. DO/LM must make individuals aware that all personnel are expected to continue to meet the full range of Service duties and commitments, including sea service or operational service if so liable and it is likely that, at some stage in their career, they will be required to serve away from home for a protracted period of time**.**

d. The SP will not ordinarily be re-assigned as a result of their pregnancy unless there are health and safety reasons which necessitate re-assignment, or the person requests re-assignment. Any SP who opt to return to work immediately after OML or OAL should return to their original post if possible and if they wish provided that, in doing so, their return does not have an adverse or disproportionate impact on normal assignment practices or operational effectiveness.

e. If a SP is returning after AML, AAL or SPL (see JSP 760 Chapters 24, 25 or 28), the Service will endeavour to meet their geographical and posting preferences in accordance with normal Service arrangements.

f. The appointment/assignment immediately following maternity and adoption leave requires careful thought and planning. Whilst the normal Service arrangements apply, and all Service personnel are expected to continue to meet the full range of Service duties and commitments, Career Managers must consider fully the impact on the new parent and their initial childcare arrangements. In cases where the new parent does not believe that their preferences for the first assignment on return from leave have been fully considered, they may request that a review of the Assignment Order be conducted by the SO1 CM for their specialisation.

g. The Royal Navy has a number of initiatives which might assist in providing support to all new parents in the early months of their return to work:

(1) Unless they volunteer otherwise, an individual who returns to work on completion of maternity leave will not be deployed or drafted to sea going service within 12 months of the birth of their child. Assigning authorities will also, exceptionally, consider applications for a further deferment/break of sea service of up to six months where appropriate shore employment is available. Within the 12 months, and for any future non-sea going assignments, Service personnel (including those who are DSP) will remain liable for the full range of duties including official augmentation[3] and 24-hour base duties. However, personnel who are the primary carers of children (i.e. DSP, PSTAT2), returning from maternity or adoption leave, regardless of gender, will not be augmented as part of a trawl for unofficial augmentation, such as exercises, for 18 months post birth/adoption. PSRs should detail the date of birth/adoption.

(2) Where both parents are serving in the Royal Navy , it may be possible, should they request it, for Career Managers to deconflict future sea/operational assignments. The Career Manager will also seek to deconflict across the Services if possible. Information regarding Dual-Serving Parents (DSP) policy can be found at Para 5808.

[3] An example of an official augmentation is Op Bridge.

(3) Service personnel, depending on their role, may be able to apply for Non-Standard Working Hours (Flexible Working Arrangements and Flexible Service); for further information see Chapter 36 and JSP 750.

(4) The Graduated Return to Work scheme (GRtW) uses an individual's current entitlement of Keeping in Touch (KIT) days and ALA to create a graduated return to the working environment. Individuals who have been on a continuous block of leave for 26 weeks or more may request the option of GRtW. Information on GRtW can be found at Para 3511.

(5) A Royal Navy Parent's Network (RNPN) has been established to offer support and guidance to parents and to allow parents to share experiences and information. The RNPN will not circumvent the responsibility of the Divisional system but aims to support it. Further information can be found through PS&ITs.

h. Any SP who, on completion of their leave, is unable to arrange adequate long-term childcare to allow them to carry out a duty or deploy, should consider their future within the Royal Navy .

3509. Care

It is imperative that the pregnant SP reports to the local Maternity Desk as early as possible. Once the Maternity Desk has begun the administration process, they are to direct the SP to the relevant PS&IT DO. This will be in the Personnel Support Group for those personnel assigned to MA4 DRAKE or NELSON or in the Recovery Cell for those assigned to MA4 NEPTUNE. For personnel who are assigned to RNAS Culdrose, Yeovilton or RAF Marham should wherever possible should remain under the care and management of the Divisional team within their parent Squadron or Unit until they depart on their parenting leave. During their parenting leave, they will be assigned to an MA4 margin. These are attached to the three major waterfront areas and SPs will be assigned to the relevant waterfront depending on their geographical location. It may be necessary to conduct a case conference between the service parent's LM/DO/Trp Cdr and the Parent Support and Information Team (PS&IT) DO, should a service parent be experiencing issues or concerns before they depart on leave . This must be done at the earliest opportunity but no later than Week 26 of the pregnancy or 15 weeks before the service parent departs on their SPL or Adoption leave. The following administrative actions will ensure that the SP receives the appropriate Divisional care.

a. **Divisional Care During Pregnancy.**

(1) The SP is to formally declare their pregnancy by Week 26 (or may do so at any point prior to this). The FMed 790 will be completed by the Medical Centre, which will also raise an appropriate medical downgrade signal (E6). The SP must advise the UPO Maternity Desk or PS&IT office that they have formally declared their pregnancy and will be issued a Maternity Pack.

(2) The Career Manager will take the necessary assignment action on receipt of the medical downgrade signal: if sea going, the SP will be assigned to an appropriate shore authority or, if already on shore, will not be reassigned (unless deemed necessary due to Health and Safety issues). The Career Manager must also inform the relevant PS&IT DO.

(3) The SP must submit their Maternity Notice Form (available either by downloading from JPA or by hard copy in the UPO) to the UPO Maternity Desk no later than Week 25. They must also submit their Mat B1 to the UPO Maternity Desk (issued by a midwife not earlier than Week 20) no later than Week 25.

(4) The Maternity Desk is to forward copies of all relevant paperwork to the JPAC and the relevant Career Manager. The Career Manager will take appropriate assignment action (MA4) and will send copies of the assignment order to the sending DO, PS&IT DO and the Maternity Desk. Assignment action should be completed no later than Week 27 of the SP's pregnancy in order that the relevant administration desks may have early visibility and provide support at the earliest opportunity.

(5) The sending DO for any SP who is proceeding on Maternity Leave is to contact the PS&IT DO and conduct a full hand over. The SP is to contact the PS&IT DO as soon as possible in order to build a rapport and have the opportunity to discuss any concerns and establish the necessary Keeping In Touch details applicable during their leave. For SP embarking on Maternity Leave they are to meet with the PS&IT DO initially no later than Week 27 of their pregnancy and again before proceeding on Maternity Leave. If the other parent of the baby is also serving in the Armed Forces they should also be signposted to their relevant CM to ensure that their DSP requirements are applied to their individual assignment restrictions on JPA.

(6) Appraisal Reports are to be raised in accordance with JSP 757 Pt 2 Vol 1, Annex A Para 1(c) (OJAR) and Annex B Para 1(d) (SJAR).

b. **Antenatal Care.** Pregnant Service personnel and Service personnel with a child through adoption or surrogacy should discuss provision of antenatal care with their DPHC Medical Centre. They are entitled to reasonable time off to keep appointments for antenatal care made on the recommendation of a registered medical practitioner, midwife or health visitor. This can include attendance at relaxation and parent-craft classes as well as medical examinations. If necessary, they can be asked to provide written proof of their appointment. Once the Medical Officer has confirmed the pregnancy, they will advise the pregnant SP to make contact with a midwife for antenatal care. This may mean that they will have to register as a 'Temporary Patient' at a local NHS GP surgery. The Service MO retains responsibility for all Service medical and Occupational health needs throughout pregnancy, and if the SP lives locally to the Waterfront or Air Station, they can continue to access support from a MO throughout their maternity leave. If the SP is not close to a Waterfront or Air Station during their leave, then they can continue to access support from their Temporary GP and they will generally fall back under Service MO for all their health care after their six-week post-natal check.

If the SP has the six-week post-natal check conducted by their NHS GP, they should ask their NHS GP for copies of their patient notes which should then be handed onto their DPHC Medical Centre. The pregnant SP must also ensure that they have a pre-maternity leave medical conducted at the Medical Centre prior to proceeding on maternity leave.

c. **Maternity Fitness.** Pregnant servicewomen are encouraged to continue physical training. Cardiovascular, strength and flexibility training are all encouraged. Pregnant servicewomen should seek medical advice. Policy and guidance on the extent and limitations of physical training during pregnancy is contained in JSP 661, Chapter 5.

d. During pregnancy and on Return to Work (RtW) women are at an increased risk of injury. However, physical training during and after pregnancy is encouraged by the NHS and is known to have multiple benefits for servicewomen, including cohesion within their peer group and a reduction in pregnancy-related complications. Physical training benefits mental health and wellbeing and will facilitate a faster return to occupational fitness after pregnancy. Due to an increased risk of musculoskeletal injury women must be provided with a suitable reconditioning programme prior to undertaking military fitness testing and arduous physical training. The RN has a number of Physical Training Instructors (PTIs) qualified in antenatal and postnatal fitness; these instructors have completed the Defence Pre and Post Natal Instructors Course. Pregnant and postnatal servicewomen are strongly advised to contact unit PT office or the RN School of Physical Training at HMS Temeraire for support and advice in maintaining fitness levels during pregnancy and for nutritional and physical wellbeing advice.

e. Information regarding Fitness Test exemption during pregnancy and maternity can be found at BRd 51 Physical Development Manual Ch 2 para 0219 sub-para c(3) and JSP 661 Ch5 Section 2.

f. **Divisional Care during Adoption or Shared Parental Leave.** The following administrative actions will ensure that Service personnel will receive the appropriate Divisional care;

(1) The sending DO for any SP who is proceeding on SPL or Adoption Leave is to contact the PS&IT DO and conduct a full hand over. The SP is to contact the PS&IT DO as soon as possible in order to build a rapport and have the opportunity to discuss any concerns and establish the necessary Keeping In Touch details applicable during their leave. If married to, or in partnership with another SP, the SP should also be signposted to their relevant CM to ensure that their DSP requirements are applied to their individual assignment restrictions on JPA.

(2) Appraisal Reports are to be raised in accordance with JSP 757 Pt 2 Vol 1, Annex A Para 1(c) (OJAR) and Annex B Para 1(d) (SJAR).

(3) The PS&IT DO is to ensure that regular contact with the SP is maintained in order that relevant information (e.g. DINs, RNTMs and briefings) is made available, and issues and concerns are raised early. The sending DO is also encouraged to maintain personal contact with the SP to ensure that they are kept abreast of changes in working practices, included in social gatherings etc. This relationship should be maintained until they return to work or until their next assignment is confirmed.

(4) The PS&IT DO will contact the SP when any Assignment Order is received, ensuring that any additional leave that has been requested is correctly appended and that they are aware of their future assignment or area of employment.

(5) The PS&IT DO is to contact the new employer once the Assignment Order is received to commence a handover with the new DO.

(6) The new DO should contact the SP and (if possible) arrange a meeting to discuss their new role and any concerns that they may have. They may use a KIT Day (see Para 3510) for such purposes.

(7) The new DO should send a formal Joining Letter to the SP confirming their discussion and any induction training and other training requirements.

g. **Parental Coaching and Mentoring.** For those in Base Port areas and Air Stations, a programme of sessions is available for both ante and post-natal SP and Service parents who are on Adoption Leave and SPL. The aim of the programme is to improve the retention of post-natal and post-adoption Service personnel, by offering support and a sense of empowerment about becoming a parent and returning to work. PS&IT Office is to provide information on local sessions to SP under their care and when SP formally declare their pregnancy.

3510. Keeping in Touch (KIT) Days

Under AFOMS and AFOALS, Service personnel may use up to 10 KIT days during their maternity or adoption leave, and a further 20 days during SPL to enable them to return to duty without bringing their leave to an end. These can be used for many reasons, such as to meet with their Career Manager, participate in sport or to meet with their future line manager.

a. KIT days are optional, will not bring an individual's leave to an end and must be agreed with their line management.

b. KIT days must be taken before the Return to Work date (or before any annual leave commences).

c. KIT days cannot be taken during the first two weeks of OML.

d. KIT days can only be taken during the leave period to which they apply. The 10 KIT days can be used during OML, AML, OAL and AAL but cannot be used during SPL, a further 20 KIT days are available for each parent during SPL.

e. KIT days can be used during OML, AML, OAL, AAL and SPL and will be paid at the SP's daily rate of pay (minus the daily drawing rate of the Statutory Maternity Pay), unless they are already receiving full pay. If taken whilst on unpaid AML, AAL or SPL they will be paid at the normal daily rate of pay and will be reckonable for pension purposes. Duty travel can be claimed.

f. Should the SP wish to use KIT days for the purpose of a Graduated Return to Work (GRtW), they should engage with their Career Manager and the PS&IT DO at the earliest opportunity, in order that all leave entitlement and KIT days are used appropriately.

g. KIT days should be claimed using JPA Form R003.

3511. Return to Work Administration

The following administrative routine should be followed to enable the Serviceperson to return to work at the time of their choosing, with all pay and allowances awarded correctly.

a. Eleven weeks before returning to work, the SP will receive a Return to Work letter from the Maternity Desk which articulates their exact return to work date. They must respond to this letter within 28 days which provides ample time to overcome any issues (should their dates be incorrect) and enable them to apply for any additional leave within the current 56 days' notice period.

b. In order to ensure that the relevant pay and allowances are correctly paid, a copy of the Birth Certificate or Adoption Certificate must be forwarded to the Maternity desk as soon as possible after the birth or adoption.

c. Once an Assignment Order is received, the PS&IT DO will contact the SP keeping them informed and will also forward a copy of the Assignment Order to their contact address.

d. The SP must ensure that their PSTAT category is correct. Should this need to be changed or amended, Form JPA N001 should be submitted to the Maternity Desk.

e. JPA is to be populated with details of the dependent children of Service parents. In order to ensure that this is correctly achieved, JPA N005 should be submitted by parents to the Maternity Desk.

f. SP returning from Maternity leave must have a Return to Work medical as soon as possible after returning to work. SP should report to the PT staff to discuss a conditioning programme in preparation for their RN PES.

3512. Graduated Return to Work

The GRtW scheme uses an individual's current entitlement of KIT days and/or ALA to create a graduated return to the working environment, the leave entitlement is taken between one and three days per week in order to achieve the gradual re-introduction to the work-place within 12 weeks of the return to work date. Either parent who has been on a continuous block of leave for 26 weeks or more may request the option of GRtW. An individual considering GRtW should discuss their intention with their CM before they proceed on leave or at least 15 weeks before they would wish to start their proposed GRtW. This should be tailored to suit the needs of both the individual and the Service, and a graduated return will not always be possible. Once the pattern has been agreed, any variation or cancellation must also be agreed between the individual and their CM.

3513. Breastfeeding and Wellness Rooms

a. Defence Breastfeeding Policy[4] outlies that all breastfeeding and pregnant Service Personnel and Civil Servants working on MoD establishments must be provided with a suitable, safe, and private place to rest, express and store milk. The policy supports our commitment to create an inclusive environment for our diverse workforce.

b. Most RN establishments have a dedicated Breastfeeding and Wellness Room in a central location, available for site visitors and personnel working nearby. A dedicated Breastfeeding and Wellness room may not be possible in all locations, but a room that is suitable for the purpose must be identified and made available to breastfeeding personnel when they require it. Where appropriate breastfeeding facilities do not exist, Commands should seek support and advice from the Parent Support and Information Team.

c. **Establishing a breastfeeding facility at a place of work.** Servicewomen returning to work following maternity leave, who intend to breastfeed when they return[5], should contact the PS&IT, no later than 8 weeks prior to returning to work to outline their intent to do so. They must notify the PS&IT of the date they will return to work and the location of their place of work (establishment / building / office). The PS&IT will liaise directly with the Servicewoman's Chain of Command to outline the intent and discuss facilities available. Where no appropriate facilities exist within close proximity[6] of the Servicewoman's ordinary place of work, the Command will be responsible for creating such a facility, with support and advice from the PS&IT. Where possible, the PS&IT will visit any new breastfeeding facilities at least 2 weeks prior to the Servicewoman returning to work; the Command will be responsible for undertaking any remedial action advised by the PS&IT prior to the Servicewoman returning to work. Where established breastfeeding facilities already exist in close proximity of the Servicewoman's place of work, a visit by the PS&IT will not be necessary. The flow diagram at Annex 35F outlines the key stages of this process and provides guidance for establishing appropriate breastfeeding facilities at work.

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[4] JSP 661 Health and Wellbeing, Chapter 5, Section 5 – Breastfeeding.
[5] Supporting breastfeeding in the workplace does not necessarily mean bringing a baby or child into the workplace to breastfeed them. The term breastfeeding also refers to 'indirect breastfeeding' (the process of expressing breastmilk into a storage container) and 'Pump and Dump' (the process of pumping milk, but then disposing of it, for various reasons, including, keeping breastmilk supply going and preventing breastfeeding complications from developing).
[6] Close proximity means a reasonable distance for the Servicewoman to walk. Ideally, a facility should be available within the building they work or a nearby building.

d. **Breastfeeding Plan and Risk Assessments.** An individualised Breastfeeding Plan[7] should be used to detail plans for breastfeeding provisions and associated breastfeeding breaks. Consideration should be given to how the service person and Line Manager plan for any periods of separation. This should be reviewed every three months or when any changes are required. Ideally, this should be completed at a pre-Return to Work (RtW) interview, but if this is not possible this should be completed on the first day of work. The number and length of breaks required to express milk will vary, with anything from 1-4 breaks. An average break may take between 15 to 60 minutes. Expressing breast milk varies greatly so flexibility should be required from both the service person and their Line Manager to meet personal and employment factors. Failure to abide to an agreed breastfeeding plan may result in medical complications.

e. Line Managers are responsible for assessing the risks to the health and safety of personnel at work, including that of Service Personnel who are breastfeeding. Detailed guidance for LMs/COs on health and safety matters relevant to new and expectant mothers is set out in JSP 375, Vol 1, Chapter 20. MOD Form 5010 (MOD Risk Assessment Form) is to be completed for each assessment. This must be completed by the Line Manager and service person and reviewed every three months, or with any change in job role.

f. There are significant benefits to the service person, their child(ren) and the RN in enabling breastfeeding at work. Commands and Unit Health and Wellbeing Committees should promote and champion a breastfeeding friendly workplace. Further information and support is available through the Defence Breastfeeding Network; they can be located on the following platforms;

(1) Defence Connect: Defence Breastfeeding Network.

(2) Facebook: Defence Breastfeeding Network

3514. Parental Leave

The aim of Parental Leave is to allow Service personnel unpaid leave to care for a child by, for example, spending more time with the child during the early years, to settle a child into new child-care arrangements or to accompany a child during a stay in hospital. This guidance must be read in conjunction with JSP 760 Chapter 28.

a. Parental Leave allows each parent of each child, either natural or adopted, to take 18 weeks unpaid leave up to the child's 18th birthday. Leave is to be taken in periods of no less than one week and a maximum of four weeks can be taken in one year.

b. Time spent on Parental Leave does not count towards seniority, pension or completion of a commission or an engagement. Parental Leave is unpaid and un-reckonable for pension purposes.

c. A request for Parental Leave must be submitted, in writing, at least 21 days before the leave is required.

[7] JSP 661 Health and Wellbeing, Chapter 5, Section 5, Annex A.

3515. Child-Care

It is the responsibility of Service parents to ensure that adequate child-care arrangements are in place before the parent returns to work. In general, throughout main Base Ports, Air Stations and in the London area there is a high demand for places in nurseries, child minders and nannies that can lead to long waiting lists. Parents should therefore be encouraged to start investigating options/making preliminary arrangements for child-care as early as possible and not wait until after the child is born. Regardless of individual circumstances, it is a personal responsibility to ensure adequate long term child-care arrangement are in place to undertake the full range of service commitments; Royal Navy Family and People Support (RN FPS) and the Naval Family Federation (NFF) can offer advice if required. Where SP are unable to arrange adequate child-care, such that it adversely affects their ability to meet Service commitments, they may be required to consider their future in the Service. The DO/Tp Cdr/LM should also encourage Service personnel to consider the longer-term career plan at this stage; this can be carried out in conjunction with the CMC/Career Manager. Service personnel should be made aware of the Tax Free Child Care Scheme (information available on Government Websites) and also Wrap Around Childcare scheme (when eligible). Information on local childcare provision and Wrap Around Childcare Scheme, can be sourced from RN FPS Information Officers and also Naval Family Federation (NFF).

3516. Temporary Child-Care Issues - Exemption from Overnight/Out of Hours Duties

a. Whilst it is the responsibility of the Service parent to ensure adequate child-care arrangements are in place, the RN recognises that at times, establishing a new childcare provision, or reacting to events that may impact on existing childcare provision may require a period of time to enable alternative provision to be put in place. Service parents may, on occasion, face particular challenges in conducting overnight/out of hours duties[8] in particular. These scenarios include, but are not limited to;

(1) Where the Service parent is a single parent, and the parent needs to establish provision to cover childcare out of usual daytime hours. This may include new parents and/or parents that have recently moved Base Port area away from previously established support.

(2) Where the Service parent has recently separated from the other parent or caregiver, in circumstances where there is safeguarding concern, e.g. domestic abuse, alcohol and/or drug dependency and time is needed to establish alternative provision.

(3) Where there is long term illness affecting the other parent or established caregiver that would ordinarily provide child-care.

(4) Where there has been bereavement of the other parent or established caregiver that would ordinarily provide child-care

[8] Out of hours duties may include attending events or meetings outside normal working hours.

b. In these circumstances, the CO may exceptionally agree that the Service person should be exempt from keeping overnight/out of hours duties; this exemption may be in place for up to 6 months, but may be extended at the COs discretion. This period of exemption is intended to provide a period of stability for the family and to allow sufficient time to make arrangements for alternative overnight child-care when the exemption terminates. All scenarios must be considered on a case-by-case basis and advice should also be taken from RN FPS.

ANNEX 35A

CARE OF PREGNANT SERVICE PERSONNEL AT WORK

1. Introduction.

Pregnancy is not an illness and many individuals will enjoy the experience without suffering any major problems. However, the DO/Tp Cdr/LM should be aware that some people will experience changes to their physical well-being which may affect their ability to work, even if it is only increasing tiredness. Service personnel are usually keen to ensure that they continue to work a normal daily routine and do not want to be treated differently from their colleagues. Good communication between the Service person (SP) and their DO/Tp Cdr/LM will ensure that this can be achieved. Work flexibility, individual risk assessments and the provision of suitable facilities are essential elements in protecting the health, safety and welfare of the pregnant SP and the unborn baby. Should a DO/Tp Cdr/LM have any concerns about the health and welfare of a pregnant SP, they are to seek the direction and guidance of the Medical Staff.

2. Physical Changes.

Some physical changes that a pregnant SP may experience and the effects are given in the table below:

Physical Change	Possible Effects	Solutions
'Morning Sickness' - can occur at any time of the day. Common in the early stages of pregnancy but can last throughout the pregnancy.	Feeling nauseous through to extreme vomiting that requires medical attention.	Access to fresh air. Adjustment to working hours. Ability to have a rest.
Extreme Tiredness - the body is working very hard.	Risk of falling asleep while working or travelling. Lack of energy.	Regular Breaks. Access to fresh air. Adjusting working hours. If possible, find somewhere for individual to rest during lunch break.
Hormonal Changes.	Joints and Ligaments loosen and become easier to strain and pull. More susceptible to stress and anxiety. Mood swings.	Avoid lifting and stretching. Adjustment to duties to avoid stressful situations. Understanding and support from DO/LM.
Circulation system has to work harder.	Varicose veins, haemorrhoids, swollen ankles and cramp.	Ability to put feet up. Regular breaks. Exercise to feet and legs.
Increased blood flow.	Dizziness.	Plenty of fluids. Access to a seat and fresh air.
High Blood Pressure.	Can be very dangerous in the latter stages of the pregnancy (Pre-Eclampsia).	It may be necessary for the individuals to take time off work and have total bed rest for a while. Work situations that are stressful and may increase blood pressure should be avoided if possible.

(Continued)

Physical Change	Possible Effects	Solutions
Low Blood Pressure.	Dizziness and tiredness.	As above. Regular snacks to maintain blood sugar levels. Access to a rest area.
Increase in body fluids.	Swollen ankles and wrists. Painful wrists (Carpel Tunnel Syndrome).	Access to a seat. Plenty of fluids. Regular Breaks. Individual may have to wear alternative footwear.
Weight distribution and changes to the centre of gravity.	Danger of losing balance and falling. Difficulty moving around. Backache.	Avoiding stairs, ladders and working from heights. Access to a comfortable seat – cushions and back rests.
Expanding uterus puts pressure on the bladder.	Discomfort. Bladder infections. Need to go to the toilet often.	Ensure work space has access to a toilet. Ensure working patterns allows regular breaks to go to the toilet.
Metabolic rate increases.	Overheating/heat stress. Fainting.	Plenty of fluids. Avoid temperature extremes.

ANNEX 35B

SOURCES OF SUPPORT APPLICABLE TO MATERNITY, SHARED PARENTAL, ADOPTION AND PATERNITY LEAVE

1. The Royal Navy is fully committed to providing, wherever possible, supportive arrangements to accommodate pregnancy and maternity leave, Shared Parental Leave, Adoption Leave and Paternity Leave, within a Service Person's (SP) career. All the sources of support listed below will be able to offer either advice or counselling to relevant SP. If an individual wishes to seek further help, then the DO/Tp Cdr/LM should offer the following as possible sources of assistance.

2. Divisional System

a. It is quite likely that a pregnant individual will seek advice from their DO/Tp Cdr/LM and it is therefore necessary for them to have an understanding of the issues involved, including the routine a SP must follow once they have announced the pregnancy. A DO/Tp Cdr/LM must also ensure that they are fully aware of the legal rights of both a pregnant SP and serving parents to ensure that they do not suffer any form of discrimination. Individuals should feel confident in approaching their DO/Tp Cdr/LM whenever the need arises; refer to Para 2121 for further guidance on counselling. If a DO/Tp Cdr/LM is approached by a SP for help and advice yet feels unable to provide adequate counselling in certain sensitive areas, advice should be sought from e.g. chaplains, RNFPS or medical staff.

b. The DO/Tp Cdr/LM should provide all the necessary support and direction and guidance to ensure that the SP is appropriately signposted for relevant information. Information can be found through the PS&ITs and also through RNFPS (which may also signpost to appropriate external authorities in cases of Adoption). The DO/Tp Cdr/LM should always reiterate to the service person that SPL, Adoption Leave and also Paternity Leave are subject to recall (although recalling a SP from SPL, Adoption Leave and Paternity Leave would only be considered in an operational pinch-point or need of the Service which would be supported through the chain of Command), as the impact on the family unit and the adverse effect on any child-care provision is fully appreciated.

3. Defence Medical Services (DMS), Defence Primary Health Care (DPHC) and Civilian Medical Services

SP will be advised to register with a NHS GP in the area in which they plan to give birth, to register for ante-natal care. This will mean registering as a temporary patient. Midwives are often linked to local NHS GP Surgeries but sometimes work as part of a specialised team in Community Health Centres. If the SP is concerned at any time about the care and treatment they are receiving, they should contact their DPHC Medical Centre. It is essential that a SP maintains good communications with both their civilian and Service healthcare professionals and should be aware of the importance of attending all medical appointments, ensuring their Maternity notes are taken to all appointments (either paper or electronic). This ensures that the SP is provided with appropriate ante-natal care and linked with a local Health Visitor. Due to the administration processes undertaken by NHS GPs and DPHC Medical Centres, SPs who register as temporary patients can occasionally find that they have been erroneously discharged or unregistered as a patient.

This can be for a number of reasons, such as DPHC medical centres having to update the SPs military medical records, or the NHS GP surgery identifying the SP as a member of the Armed Forces (therefore considered as being already registered as a patient elsewhere). Although frustrating, if the SP finds themselves “unregistered”, they will be able to temporarily re-register as a patient. If the SP experiences difficulties, then they are to contact their DPHC Medical Centre as soon as possible. If the SP does remain under the NHS GP after the birth of the baby, they will generally be discharged from the care of the NHS GP after their six week post-partum check. However, if the SP is geographically isolated from any DPHC medical centres they may remain registered with an NHS practice for the duration of their maternity leave. If the SP has received any treatment whilst temporarily registered, they should request transcripts of any treatments received so that this can be included in her military medical records. Alternatively, NHS Direct is a one stop shop for all medical matters and can give some initial medical guidance, advice and reassurance (NHS 111 or NHS Choices). SPs who remain in the locality of a waterfront, Air Station or close to another Military establishment during their maternity leave may opt to remain under the care of the DPHC Medical Centre throughout. Their DPHC Medical Centre retains primacy over all general medical matters and the SP should contact their Medical Centre to inform them of any medical care received via the NHS (which can be related or unrelated to the pregnancy).

4. Chaplaincy

If a SP needs further help or counselling during pregnancy, maternity, shared parental or adoption leave, they can discuss matters with a Chaplain in strict confidence.

5. Royal Navy Family and People Support (RN FPS)

RN FPS provides an accessible and confidential service across the UK and overseas in these key areas: Specialist Welfare; Advice and Support to the Executive and Divisional/Regimental system; a network of Community, Information and Communications workers as well as links to Family Support Workers.

a. RN FPS Officers are available as and when information is required, and can be useful when relocating, when looking for a specific service, or seeking the answer to any question. Information Officers will assist by providing an impartial response and, if necessary, will signpost to specialist welfare staff or refer to another agency. Online information is also available on the intranet, internet, Facebook and Twitter. These communication channels are used to provide accessible information support for those living in the UK and overseas.

b. If an individual needs specialist support due to personal issues or concerns that cannot be resolved by Primary Welfare (Divisional, Medical or Pastoral Support), RN FPS are available to support and offer guidance, whilst also providing a link between the SP and their family in times of difficulty; they may be contacted via the RN FPS Portal on 0800 1456088.

6. Naval Families Federation (NFF)

The NFF represents the views and concerns of all family members to the Naval authorities and at ministerial level and acts as an effective two-way communication between families and Service and civilian agencies. The NFF will assist in empowering families to seek help, advice and information by acting as a signpost to relevant organisations. The NFF is located within Building 25, HMS EXCELLENT, Portsmouth, PO2 8ER, Tel No. 02392 654374, website address www.nff.org.uk.

7. Forcesline

Forcesline offers confidential and impartial advice available from specialist civilian advisers by dialling Freephone 0800 731 4880 - 1030 to 2230, seven days a week. They will discuss any issue which may be causing concern or personal distress. Operators will endeavour to identify possible sources of support or resolution, but no direct action will be taken by the Supportline. Callers may remain anonymous and no names are taken.

8. The White Ensign Association

The White Ensign Association is a registered charity and was originally set up to provide a financial advisory service of the highest caliber for all serving and retired personnel of the Royal Navy, the Royal Marines, the former Queen Alexandra's Naval Nursing Service, the Women's Royal Naval Service and their respective Reserves. Over the years the role has developed and expanded to include the provision of assistance in resettlement, employment in civilian life and as a source of advice for personal issues. The contact details are at Chapter 32 and www.whiteensign.co.uk.

9. There are numerous non-Service related organisations and websites that can offer advice and guidance on parenting related issues.

ANNEX 35C

MATERNITY - USEFUL CONTACT NUMBERS/E MAIL ADDRESSES

Maternity Desks	
HMS NELSON	NAVYNBCP-CoB-LOGSUPORELGROUP@mod.gov.uk
HMS DRAKE	NAVYNBCD-LOGSUPOMAT-REL@MOD.GOV.UK 01752 557671
HMS NEPTUNE	93255 3558 01436 674321 Ext 3558
RNAS Yeovilton	NAVYYEO-LOGSUPOGENERAL@MOD.GOV.UK 01935 455209
RNAS Culdrose	NAVYNBCD-LOGSUPOMAT-REL@MOD.GOV.UK 01362 552491
RAF MARHAM	AIR-HRCENTRE3-GMB@MOD.GOV.UK
JSU Northwood	NWDHQ-PEOPLE-UPO-JMAILBOX@MOD.GOV.UK 01923 957847

Royal Navy Family and People Support	
RN FPS Portal (Mon-Fri 0800-2000 Sat & Sun 0900 - 1600)	0800 145 6088 Email: NAVYPEOPLE-PSRNFPSPORTAL@mod.gov.uk

ANNEX 35D

MANAGEMENT AND CARE OF PREGNANT SERVICE PERSONNEL DURING PHASE 1 TRAINING

1. The management and care of pregnant Service Personnel (SP) in Phase 1 Training should closely follow the policy and guidance contained within Chapter 35 and JSP. A Phase 1 Recruit/Officer Cadet (OC) is a member of the Armed Forces and therefore is to be afforded all the rights contained within this chapter, regardless of how long they have served. During Phase 1 Training, however, there are some additional management considerations, especially for U18s, and line managers/Divisional Officers should refer to local policy. If the pregnant SP does not wish their pregnancy to be disclosed to others, it is imperative that this right to privacy is respected and the pregnancy should not be discussed with anyone else without their implicit consent.

2. Ultimately, the duty of care over the pregnant SP rests with the Commanding Officer but management is to be administered by the Divisional Officer. All personnel who manage pregnant SP are to do so in a professional yet compassionate manner and no SP are to be treated less favourably because of their pregnancy or for any other reason related to pregnancy.

3. As soon as a recruit/OC declares that they are pregnant, then they should be temporarily withdrawn from the training programme. Due to the physical and stressful nature of Phase 1 Training, this is a health and safety precaution, as the Royal Navy has a responsibility to ensure that no harm comes to the pregnant individual or the unborn child. This should be clearly articulated to the individual.

4. Option to Remain in Service

a. Should the pregnant SP decide they wish to remain in the Service then, where appropriate, they should be employed within the training establishment on duties that do not place them or the unborn child at risk. The SP may remain in these duties until they proceed on maternity leave.

b. The individual should return to training at a mutually agreed and appropriate point in the training cycle, acknowledging that it may well be in excess of 12 months since leaving training with the attendant loss of knowledge. However, an individual can legally return to training after a minimum of two weeks after the birth of the child. Every SP returning to Phase 1 Training on completion of maternity leave must be given a post-natal medical examination and the Command must be entirely satisfied that it is safe for them to continue with Phase 1 Training.

5. Option to Leave the Service

Upon pregnancy, SP may exercise their right to leave the Service prematurely and they can leave at any time. Any administrative action should be carried out swiftly whilst affording the necessary duty of care to the individual.

ANNEX 35E

REQUEST FOR RISK ASSESSMENT (RA)

1. Introduction

It is a legal requirement that an individual RA is to be carried out for every pregnant service person (SP) and those returning from maternity leave. This form should be used to request an individual RA as early as possible in the pregnancy. It should be carried out by a qualified Risk Assessor and should be in accordance with JSP 375 Management of Health and Safety in Defence: Guidance Part 2 Vol 1 Chapters 8 and 20. The RA should be kept under constant review, as the identified risks to the individual and the foetus will vary during the different stages of pregnancy as dexterity, agility, coordination, speed of movement and reach may be impaired. Work flexibility, individual RAs and the provision of suitable facilities are essential elements in protecting the health, safety and welfare of the pregnant SP and foetus.

2. Physical Risks

Some physical changes that a pregnant SP may experience and their effects are given in Annex 35A. In carrying out the individual RA, particular attention should be paid to the actual tasks that the SP has to perform and working hours expected to ensure any risks associated with these are adequately controlled. This should be regarded as an ongoing process throughout the course of the pregnancy as the capabilities of the SP may be significantly reduced as the pregnancy progresses.

3. Administration

The pregnant SP should be fully involved in the RA and copies should be held by the SP, DO, and building manager (if appropriate). There is no single generic risk assessment form for pregnant SP and those returning from maternity leave, as all work environments are unique. The DO must ensure that a qualified Risk Assessor carries out the individual RA in addition to the generic RA in place for all personnel. The SP is to annotate the form to acknowledge that they have understood its contents and had any risks fully explained.

I hereby request that an Individual Risk Assessment be carried out in order to protect myself and foetus from any risks associated with my work.

Signed: ..... *Requester*

Name: ..... Rank/Rate: .....

Service Number: ..... Date: .....

Signed: ..... *Divisional Officer*

Name: ..... Rank/Rate: .....

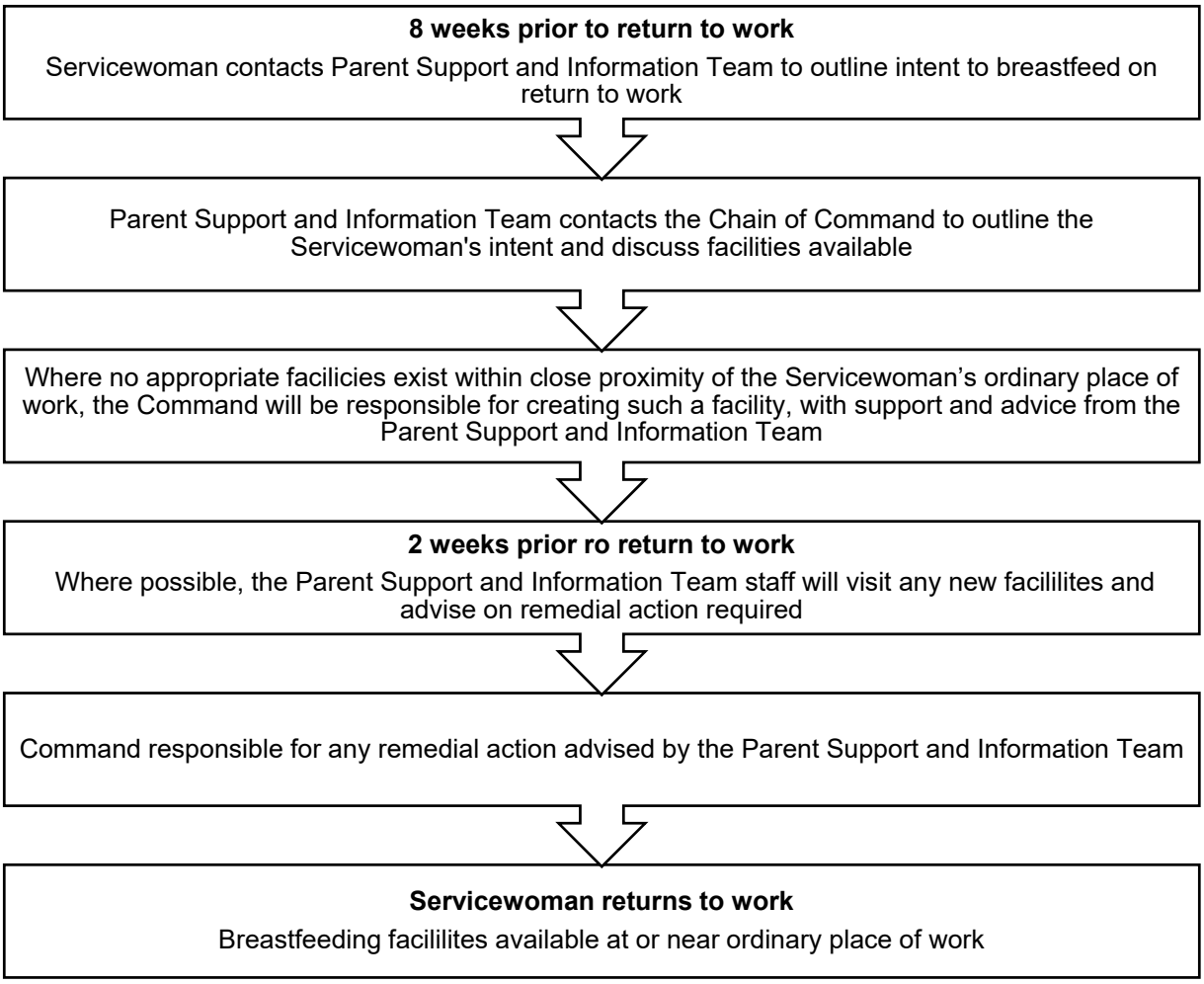
Service Number: ..... Date: .....

ANNEX 35F

BREASTFEEDING AND WELLNESS ROOMS PROCESS AND GUIDANCE

1. Establishing a breastfeeding facility at a place of work.

The flow diagram below outlines the key stages of establishing a breastfeeding facility at a place of work.



2. The following guidance is provided for establishing appropriate breastfeeding facilities at work;

a. **Location.** The room should be in close proximity to the Servicewoman's ordinary place of work. Larger establishments may require more than one room; larger Breastfeeding and Wellness rooms in central locations, and smaller private rooms to meet the needs of Servicewomen across the establishment.

b. **Space.** Sufficient space for comfortable chair/sofa, fridge, table/countertop as a minimum.

c. **Power Supply.** An electrical supply is required for a fridge and pumping equipment used to express breastmilk.

d. **Water.** Clean water must be located nearby, to enable hand washing and cleaning of equipment.

e. **Doors and Windows.** The door must be lockable from inside and windows must be fitted with blinds or curtains to maintain privacy.

f. **Maintenance and Cleaning.** Local arrangements in place for cleaning and laundering of soft furnishing[1].

[1] This should be arranged through the Cleaning Contract Manager.