



UK Sport

PREGNANCY **GUIDANCE**

and Support for UK Sport Funded athletes

Document for athletes



This guidance has been developed to support Sports Governing Bodies (SGBs) and athletes throughout an athlete's pregnancy and post-childbirth.

It should be considered as a framework to guide thinking and SGB Athlete Selection Policies. It is also important to be aware of your training and performance responsibilities and obligations relating to your pregnancy, and this is covered within your Athlete Agreement.

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.

This document will not provide you with specific medical advice or on obstetric care during pregnancy and post-childbirth. However, it aims to support you with sport and/or performance-related issues.

Throughout your pregnancy and post-childbirth, it is critical that your SGB considers any additional support you require based on your individual needs. This should always be addressed on a case-by-case basis.

It is incumbent on you and your SGB to share an open dialogue during your pregnancy and post-childbirth. It is highly recommended that you consider the Key Takeaways throughout this document because these will help to frame conversations with your SGB.

Note: The information contained within this document is for guidance purposes only. While UKS makes every effort to ensure that the information provided is accurate and up to date, it should not be 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 in this guidance, or information on websites included or referred to in 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 while they are a member of a High Performance Programme, UKS has developed this guidance with the mother and child's welfare at the heart of it. Pregnancy, including pre- and post-childbirth, can be physically and mentally challenging for a mother and it's essential that resources and guidance are available for the athlete and SGBs to best support them and their partner.

This guidance begins from the point of informing the SGB regarding your pregnancy. However, should you feel open to discussing family planning more widely, e.g. when trying to conceive, please engage with whomever you feel most comfortable with. We recommend that you speak with your GP if you are considering starting a family because they will be able to provide advice on how to encourage a healthy conception.

UKS recognises the responsibility as a distributor of public funding to ensure that SGBs provide athletes with 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 provide you with the confidence that your pregnancy will be supported fairly and appropriately by your SGB, to ensure the health and safety of you and your baby, and to support your return to training and competition post-childbirth.

This guidance document will:

- Provide you with advice about how and when to announce your pregnancy to your SGB;
- Recommend a framework which you and your SGB may follow, to ensure a responsible and reasonable approach is adopted during pregnancy and post-childbirth (including return to training and competition);
- Provide guidance relating to your programme membership and Athlete Performance Award (APA) received; and
- Supply you with a series of resources and other considerations within the Appendices, including the Athlete Pregnancy Checklist.

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', in which pregnancy and maternity are included. Please note that while this guidance can be applied to any athlete in receipt of funding from UKS, not all athletes receive an APA.

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

Should you believe that your SGB has not followed this guidance correctly, or if you feel mistreated, UKS recommends contacting the British Elite Athletes Association (BEAA) at support@britisheliteathletes.org or UK Sport at pregnancyguidance@uksport.gov.uk. Equally, if you feel that you have received excellent support from your SGB, please contact pregnancyguidance@uksport.gov.uk.



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OVERVIEW:

- As a funded athlete, you are encouraged to read and understand your Athlete Agreement and seek support from your SGB or the BEAA where necessary. This document also outlines WCP support services, which will continue to be available to you during your pregnancy and post-childbirth to best support a return to training and competition.
- The Athlete Medical Scheme (AMS) provided by UKS’s medical insurance provider Bupa gives comprehensive cover for mental health and general health related treatment in the UK. It does not, however, provide funding / support for pregnancy other than offering information on its Health Information internet pages; support is instead provided through the NHS. For all benefits and exclusions within the AMS, please refer to the Member Summary document sent directly to you by Bupa.
- It is reasonable for your SGB to set performance targets for when you return to the programme. However, the time it takes for you to meet those requirements will depend on the type of birth delivery and any birth/post-childbirth experiences. For example, recovery times will differ depending on whether you have experienced a natural vs assisted birth, an uncomplicated pregnancy vs complicated pregnancy and/or multiple births. It is important that you are not pressured to return to training and competition before your body is mentally and physically ready because this can lead to injury (acute and long term), mental and physical illness, and under-performance. Your SGB and Home Country Sport Institute (HCSI) should provide you with guidance on managing this effectively.
- UKS recommends that this guidance and other supporting appendices relating to care and support during your pregnancy are made available to you. You may also access this document and the supporting appendices on the UKS website here: [Athlete Pregnancy Guidance](#).
- UK Sports Institute (UKSI) and sportscotland Institute of Sport (SIS) have services known to UKS, which are set out below:
 - The UKSI Female Athlete Health team is a multi-disciplinary team whose role is to support the optimal health and performance of female elite athletes by education, delivery of services, and innovation. You may also wish to sign up to the Female Athlete Health newsletter, published each month. Please contact femaleathlete@uksportsinstitute.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
- Both teams can provide support relating to bra and breast health. The UKSI Female Athlete Health team provides bra-fitting, while SIS has created a free module to increase understanding of the benefits of wearing a well-fitted bra.
To enrol, navigate to [Bras and Breast Health \(module\)](#).
- You may embrace the changes that come with pregnancy and giving birth but, for many, the changes to your body can negatively affect your self-image. Body dissatisfaction during pregnancy and post-childbirth can affect your mental health. E.g. you may wish to wear a different sized kit, in which case it is recommended that you speak with your SGB.¹
- Your programme induction may encompass education on female athlete health, delivered by your respective HSCI, but if you feel you require further support specifically on pregnancy it is advised that you speak with your SGB medical and support team, and HCSI.
- If you wish to be connected with another athlete who is pregnant or has gone through pregnancy, and who themselves has given consent, please contact pregnancyguidance@uksport.gov.uk.



¹Thank you to Catherine Caro and Storm Trow and colleagues from the Nutritional Sciences Department at King's College London for their preliminary research to inform this statement.

INFORMING THE SGB:

- It is your responsibility to inform an SGB staff member as early as possible when you are pregnant because this will protect the safety and wellbeing of you and your baby. It is your choice as to whether you confirm verbally or in writing. You will have a designated point of contact (POC) at your SGB to inform first of your pregnancy. If you are unsure who this person is, please speak to your Performance Lifestyle Practitioner in the first instance.
- As soon as you have informed your POC of your pregnancy, it is strongly encouraged that you speak with your SGB doctor as early as possible to discuss the risks of training and/or competing while pregnant. You should be aware that failing to announce your pregnancy to your SGB is at the risk of your health and that of your baby.
- There are clauses within the Athlete Agreement template provided by UKS, and we would suggest you review these and make yourself aware of the obligations to notify.
- It is advised that you notify your medical and support team early so they can provide tailored support throughout your pregnancy. It is also likely that you will have symptoms of pregnancy early on (in the first trimester). Therefore, you and your SGB need to recognise these [\(Signs and symptoms of pregnancy – NHS\)](#).
- Your SGB medical and support team (if this is not available, please contact your HSCI) will be able to determine who the appropriate external experts may be to support you throughout your pregnancy. It is recommended that you seek support from within the High Performance system before looking elsewhere because this will ensure that you are provided with an updated Individual Athlete Development Plan (IADP).
- If you are not already in contact with your sport's nutritionist, we highly recommend doing so. Should they not be available to you, please speak with your HCSI or your GP for support and guidance.
- It is important to recognise that your training facilities may not be owned by your SGB and, therefore, liability may sit with a third party. This is particularly important to mitigate such risks and provide appropriate support to you as a pregnant athlete and post-childbirth if bringing your baby into the training environment.
- Your SGB or HCSI should consider any additional support you may need during your pregnancy and post-childbirth based on your individual needs, and be willing to discuss these with you. This may include, but not be

limited to, disabilities, mental health, and support networks. This should always be addressed on a case-by-case basis.

- It is recommended you request a MAT B1 certificate (issued after 20 weeks of pregnancy by your GP or midwife), e.g. if you are employed outside of being a funded athlete. Note that it is your choice to have a scan – [20-week scan - NHS](#). You may also wish to provide your SGB with your MAT B1 certificate.
- The utmost sensitivity and care should be given to you upon notification of your pregnancy to your SGB member of staff. Your pregnancy should always remain confidential unless you provide consent for it to be shared, or if a risk to you and your baby has been identified.
- Where there is an identified risk to yourself or your 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 you understand why additional Athlete Support Personnel (ASP) need to be informed because confidentiality regarding your pregnancy should always remain unless there is an identified risk to yourself and your baby. Please note this decision may vary between SGBs.
- It is, therefore, important that the communication of your pregnancy (both internally and externally) is mutually agreed with your SGB and that you are ready to share your news with team-mates more publicly.
- You may wish to connect with other athletes during and after your pregnancy. The UKSI operates an Athlete Pregnancy Network WhatsApp group. Please contact femaleathlete@uksportsinstitute.co.uk for further information.

Key Takeaways

1. **Understand your Athlete Agreement responsibilities and obligations and inform your SGB of your pregnancy as soon as possible to mitigate any risks.**
2. **Your IADP may need to be adapted based on any identified risks and any individual needs.**
3. **Provide consent for your pregnancy to be shared.**

Training and Competition

- Once you have announced that you are pregnant and given consent to share this information, an initial meeting should take place between your Performance Director, Chief Medical Officer (CMO) (HCSI Doctor if CMO is unavailable) and your main coach/personal coach to discuss and agree an appropriate IADP for the remainder of your pregnancy. It is recommended that relevant members of your support team attend this meeting, such as Performance Lifestyle Practitioner, Performance Psychologist, Strength and Conditioning Coach or Physiotherapist. You may also wish your partner to attend.
- The meeting should have an agenda and you and your SGB should leave with a clear plan of action and written notes.
- It is your responsibility to liaise with your SGB and the relevant support staff (in advance) regarding any care and midwife appointments during your pregnancy, should you need to take time away from training and competition. This also applies to any surrogacy, egg freezing and/or adoption meetings. This should be permitted without question.
- Each athlete's pregnancy will differ and your planned approach to training and competition will also vary depending on how you are feeling during your pregnancy. Regular informal reviews are, therefore, expected.
- It is advisable for you to seek expert medical advice from your SGB doctor in conjunction with an Obstetrician GP or another suitably qualified professional outside of your SGB throughout your pregnancy, to ensure any training and competition risks can be managed appropriately. Your midwife and GP will monitor the development of the baby's foetus and your health and, provided there are no complications, your SGB doctor may advise on appropriate training and competition.
- When adapting your IADP, a risk assessment (see Appendices A and B) should be conducted to consider sport-specific and contextual risks. It is advised that your obstetric care providers are consulted when planning your training and competition programme. The Risk Assessment should be completed any time there is a material change to the risk of the athlete, but at least upon announcement of the pregnancy and post-childbirth (prior to resuming training). Should your SGB require guidance on completing this, it is advised to contact its local HCSI operations team or the Health and Safety Executive/British Safety Council.

- This is particularly important for managing risks if you are 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, particularly when you are nearing the end of your pregnancy).

Key Takeaways

1. After informing your SGB, consider who should attend the initial meeting.
2. Inform your SGB of any care and appointments during your pregnancy, in advance.
3. Ensure a risk assessment is conducted when adapting your IADP.
4. Understand the implications of you training and competing abroad while pregnant.



DURING PREGNANCY

- Your SGB should offer you the opportunity to invite a partner, friend, relative or other suitable person (e.g. HCSI support staff or the BEAA) to accompany you to any SGB meetings relating to your pregnancy.
- It is recommended that your main/personal coach proactively checks in with you during your pregnancy. A conversation should take place between you and your SGB to determine how this will work, and what communication methods would be most suitable (e.g. in person, phone, text, email).
- To ensure you continue to feel engaged with the programme (if you are no longer training), there may be alternative roles that you may wish to discuss with your SGB and Performance Lifestyle Practitioner (e.g. an ambassadorial role or supporting the coaching team). Equally, this may involve you coming in to 'watch training' or attend a meeting in person/online. This attendance will help to minimise any concerns you have about returning to the programme and the opportunity to discuss any concerns.
- You 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 offer good opportunities to form friendships. Note 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 giving birth (this may be adapted based on how you are feeling and once your intent to return is clear). By agreeing this timeline before childbirth, it will minimise miscommunication between yourself and your SGB post-childbirth and you will be aware of when you are expected to engage with your SGB. You are encouraged to take notes at all meetings you attend with your SGB, and your SGB should also provide you with a record of what was discussed during every meeting. This timeline should be adaptable and reviewed at appropriate intervals, e.g. if your pregnancy becomes complicated or you experience challenges with your pregnancy.

- You and your SGB may also discuss your plans post-childbirth (e.g. childcare, approximate timings of when you plan to come back, etc). It would be reasonable for you to notify your SGB 12 weeks (or earlier if you want to return sooner and have been 'signed off' by your SGB doctor) in advance of your return to training. If possible, this should also be tied in with you speaking to a female athlete health specialist and physiotherapist. The UKSI has a UK-wide network of pelvic health physiotherapists, which you are encouraged to access.
- It is recommended that you discuss with your SGB undertaking a pelvic health screen during your pregnancy, because this may influence your ability and time to return to training post-childbirth and reduce the risk of pelvic trauma during the delivery of your baby.
- Your SGB should proactively discuss with you the support mechanisms for when you return to training and competition (e.g. childcare arrangements around travel, training and competition, breastfeeding, training sessions, any post-childbirth consultations, and frequency of communication). These will need to be addressed on a case-by-case basis. However, please note that any additional support provided by your SGB (e.g. childcare arrangements while training and/or competing abroad) is expected to be for no longer than 12 months post-childbirth. This is at the discretion of your SGB. 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 your SGB is agreed.
2. How will you remain engaged with your SGB throughout your pregnancy?
3. Do you have a proposed timeline post-childbirth, including returning to training? Is there any additional support you need from your SGB post-childbirth?

Training and Competition

- Once a training plan is in place, regular communication should be maintained between you, your main/personal coach, your Performance Director, and other ASP up until the birth, so your mental and physical health can be supported. A clear timeline of events of what you and your SGB expect during your pregnancy should be agreed.
- Should there be a concern that your participation in training or competition presents a risk to you or your baby, your SGB must discuss this with you, and how to manage this risk effectively. If your SGB identifies a risk that can cause harm to you or your baby, it needs to determine whether it can control this risk or not. If the risk cannot be controlled or removed, it will need to adjust your IADP appropriately. If that is not possible, the SGB must suspend you on your current APA for the remainder of your pregnancy, on health and safety grounds.
- In some cases, your SGB may wish to seek external advice from a pregnancy health expert or contact your respective HSCI (as stated in the Overview section) for further guidance.
- It is the responsibility of both you and your SGB to adapt your training and competition schedule as necessary, and this may be informed by guidance provided by your female athlete health representatives. **All parties should remain flexible and accept that things may change over the course of the pregnancy.** SGBs are encouraged to collaborate with HCSIs (they will signpost) to ensure both you and your SGB understand the impact of pregnancy on your health and performance.
- The physical demands on your body during pregnancy will vary, and each athlete's body will adapt differently. It is, therefore, essential that a mutually agreed IADP for your return to training and competition is in place. After nine months post-childbirth your potential should be assessed and confirmed to UKS to continue to access the APA, but it is important to note that this assessment should indicate your 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 you in writing.
- When developing your training and competition plan, it is important for your SGB to acknowledge that i) every athlete's experience of pregnancy will differ, ii) this needs to identify/explore mitigating factors, iii) it must ensure targets and APA expectations are aligned and communicated, and that iv) UK Sport is made aware of proposed exceptions (some of which may fall outside the standard nomination period).

Key Takeaways

1. Has a risk assessment been completed upon announcement of the pregnancy and post-childbirth (prior to resuming training)?
2. Has your IADP been adapted?
3. After nine months post-childbirth, your potential rather than performance outcomes should be assessed.

Additional Support:

It is recommended that you check what financial and other support you may be eligible for via [the Government](#) through your 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
- Household Support Fund
- Council Tax Reduction
- Personal Independence Payment

This is detailed further in Appendix C.

POST-CHILDBIRTH/ RETURN TO TRAINING

- There may be physical problems after having a baby. They can be related to pregnancy or birth, or the things you do while caring for young children, such as lifting and bending. For further information, please visit [Your post-pregnancy body](#).
- Following your six-week postnatal check, please provide the NHS Discharge Summary to the Female Athlete Health team at your respective HCSI.
- It is important that you still feel included within the programme throughout your pregnancy and post-childbirth. This should be on your terms (you may for example wish to initially have 'Walk and Talk' meetings with your main/personal coach or another ASP). Consider how frequently you check in with your main/personal coach, and whether you would like to be invited to programme events, e.g. updates on the programme, selection, and funding meetings. It is, however, anticipated that you will engage with your SGB within three months post-childbirth.
- In the lead-up to major events, such as World Championships or the Olympic/Paralympic Games, please ensure you fully understand how your pregnancy may impact on your qualification for these events. Please liaise with your SGB and only discuss this with the BEAA should this not be resolved.
- It is recommended that your Performance Director and all relevant ASP have regular 'check ins' post-childbirth, so that appropriate performance planning and review processes can resume within an agreed and appropriate timeframe to support your health and performance.
- Initially, it may be more appropriate for your main/personal coach to check in with you, and for you to contact other ASP as and when required. It is appropriate for you and your SGB to monitor:
 - Your health and wellbeing, and appropriate levels of training/return to fitness post-childbirth.
 - Your 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 you are engaging in any training and, if so, assess your commitment and/or progress against the IADP.

- Your training/life balance as an athlete and as a parent.
- The role of your partner (if applicable) and whether they are also an athlete/on a funded programme, and how this will be managed.
- Once you have been signed off by your midwife and SGB or HCSI doctor, it is recommended you continue to work with your SGB or HCSI doctor and the appropriate ASP to ensure you have the support needed to return to training and competition safely.
- You and your SGB should both be aware that your nutritional wellbeing can have a significant impact on your physical and mental health (see Appendix D), as well as your baby, particularly if you are breastfeeding. It is suggested that dietary requirements are discussed with your HCSI nutritionist. It is also recommended that you refer to guidance from the [NHS on breastfeeding and diet](#).
- If you had a C-section delivery, it is important that you highlight this to your CMO and medical team. The support plan you will be provided with for returning to training and competition will be bespoke to you and based on your delivery and recovery from childbirth.

Key Takeaways

1. After your six-week postnatal check, share the NHS Discharge Summary with the Female Athlete Health team.
2. Ensure you fully understand how your pregnancy may impact on your qualification for major events.
3. How frequently would you like to engage with your SGB post-childbirth?
4. Ensure you have been 'signed off' to return to training and competition.

Training and Competition – Supporting an athlete's return

- It is important that you acknowledge and respect what your body has been through during your pregnancy and birth before returning to training and competition.
- Being a mother may be a new experience for you, and how you balance both roles will require flexibility.
- An updated IADP will activate once you, your SGB, midwife and SGB doctor are satisfied you can resume training, evidenced by a risk assessment completed during pregnancy and post-childbirth. It is recommended that you have:
 - 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 your SGB on whether you have experienced any complications during childbirth
 - confirmed whether you have been referred to any specialists (urogynaec nurse or pelvic health physiotherapist) before resuming training.
- The timeframe by which you return to the same level of training and competition pre-pregnancy must be considered on a case-by-case basis, because no two cases will be the same. **You should, however, signal your intent within six months post-childbirth, and at nine months your potential should be assessed and confirmed to UKS, for you to continue to access your APA.**
- For effective rehabilitation post-childbirth, a strength and conditioning programme and an adapted IADP to suit your needs (while considering the necessary childcare) should be discussed and implemented.
- It is recommended that a multi-disciplinary approach is adopted with your main/personal coach, strength and conditioning coach, and your physiotherapist (including pelvic health physiotherapist) to create a return to training programme for you. A pelvic health physiotherapist will recommend the correct type of exercises for you. The UKSI Female Athlete Health team has a pelvic health physiotherapist referral network that your SGB/HCSI doctor can refer you to if required.

- Prior to your return to training and competition, you may wish to speak with your SGB regarding the following topics:
 - the extra support you may need from your SGB
 - appropriateness and implications of bringing your baby to training and/or competitions (especially if you are away for long periods of time)
 - breastfeeding and a breastfeeding friendly environment (if you have chosen to do this) while at training
 - your training schedule being adapted to suit your baby's feeding times, or whether you will need to consider other options (expressing and storing milk for your baby while you are training)
 - your initial routine for the baby (including sleep and feeding time)
 - multiple pregnancies within a funding cycle (see below)
- It is important that your SGB discusses your expectations of support to determine how these can be accommodated. It is equally important for your SGB to check with you at regular intervals that arrangements are working for you and to understand if amendments need to be made
- You may wish to conceive more than once during a funding cycle. Should you fall pregnant for a second time, please ensure you have a conversation with a member of your medical team and Performance Director as soon as possible. The SGB will consider your performance outcomes (during training and competition) and commitment to the programme since returning from your first birth, and your performance trajectory post-childbirth for the second time
- Should you not meet the above requirements (performance outcomes and commitment to the programme), your SGB should consider the appropriate transition support that you require.

Key Takeaways

1. Acknowledge how your pregnancy and lifestyle has impacted you.
2. Ensure your adapted IADP is supported through a multi-disciplinary approach.
3. Consider what additional support you need from your SGB.

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

Summary of Process Flow	Timeline
Athlete reviews the SGB's Pregnancy Guidance/Policy	During Pregnancy
Athlete informs the POC as early as possible to prioritise the welfare of mother and their baby	
Athlete is advised to notify the SGB's medical and support team early in their pregnancy	
Athlete meets with SGB (to include Performance Director, CMO/HCSI doctor and coach) to appropriately adjust the IADP for each stage of the pregnancy	
The SGB conducts a risk assessment with the athlete upon announcement of the pregnancy and at regular intervals thereafter	
Athlete agrees a communication plan with the SGB, which may include a proposed timeline for returning to training and competition post-childbirth	
Athlete and SGB engage prior to and post-childbirth. It is anticipated that engagement post-childbirth is within three months , however this should be athlete-led	
SGB conducts a risk assessment and 'signs off' athlete prior to their return to training	
Athlete confirms intent to return to the sport and the programme being discussed and confirmed no later than six months post-childbirth	
At the point where the athlete's intention is clear, the IADP which plots the timetable for return to training and competition is agreed	
At nine months post-childbirth the potential of the athlete should be assessed and confirmed to UK Sport to continue to access the APA	Post-Childbirth

Document Version History

Version Number	Date	Author	Notes
1	November 2021	Alexandra Newman & Andri Rauber	
2	December 2023	Alexandra Newman & Andri Rauber	See 'Summary of Key Changes - v2'

APPENDICES

Note: The information contained within this document is for guidance purposes only and, while UKS makes every effort to ensure that the information 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 in this guidance, or third-party information or websites included or referred to in it.

Content warning: Please be aware that the content found in this appendix may trigger and/or be upsetting. If you require further support due to the nature of the content, please speak to an SGB staff member who you feel comfortable with.

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 intended 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.

The risk assessment below is focused primarily on physical requirements. Mental health support can be provided on a case-by-case basis and any concerns should be directed to the CMO in the first instance to discuss this.

What is a Risk Assessment?

You are not required to be an expert on risk assessment. However, you should:

- **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 an 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 that are reasonably foreseeable. Recommendations from a GP or midwife must feed into this.
- Where uncertainty exists over any risks, 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 your 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 an athlete informs you that they are pregnant and confirm that you have completed the Risk Assessment Form.
- A copy should be sent to an athlete for their records.

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.

When should a Risk Assessment be completed?

The Risk Assessment should be completed any time there is a material change to the risk of the athlete but **at least upon** announcement of the pregnancy and post-childbirth (prior to resuming training).

Movement and Posture

Risk	Yes	No	Control Measures
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?			

Manual Handling

Risk	Yes	No	Control Measures
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?			

Training and Competition related stress

Risk	Yes	No	Control Measures
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?			

Training and Competition related stress

Risk	Yes	No	Control Measures
Are there any tasks that 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?			

Extremes of cold or heat

Risk	Yes	No	Control Measures
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 your 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?			

Training at height

Risk	Yes	No	Control Measures
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?			

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)

Risk	Yes	No	Control Measures
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 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?			

Welfare

Risk	Yes	No	Control Measures
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 your athlete should they experience low mood, anxiety or pre-or post-natal depression?			

Covid-related

Risk	Yes	No	Control Measures
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?			

Emergency Evacuation

Risk	Yes	No	Control Measures
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?			

Other

Risk	Yes	No	Control Measures
Will the athlete be exposed to any other risks that 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-birth/return to training that have been gathered by UK Sport (UKS) as part of its ongoing research in this area.

We hope this Appendix will grow and develop over time, so please email pregnancyguidance@uksport.gov.uk if 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 informational 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, Female Athlete Health team at the UKSI or your Performance Lifestyle Practitioner regarding further useful resources, which are more relevant to the athlete population.

Contents:

Pre-birth

Charities

During Pregnancy

Tracking your Pregnancy

Pregnancy Education

Wellbeing

Hypnobirthing

Charities

Post-birth/Return to Training

Becoming a mother/parent

Supporting your baby's development

Charities

Disability Charities

Equality Charities

Wellbeing

Government Initiatives

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: 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.

➤ [Adoption UK](#) (Website)

This charity gives self-help information, advice, support and training on all aspects of adoption.

➤ [Surrogacy UK](#) (Website)

Surrogacy UK supports and informs anyone with an interest in surrogacy within the UK.

➤ [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'.

The PANDAS helpline is available for mothers and fathers and offers a source of support in times of need when an individual is feeling many of the challenging emotions experienced in the parenting journey.

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 the 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 hosts a midwife-led hub that 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)

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 counts down to your due date.

This app is available on Apple and Android phones.

📌 [Peanut](#) (App)

This app is available on Apple and Android phones.

Provides 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 pelvis 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, short cuts and tips that worked for her.

📌 [Made by Mamma's](#) (Podcast)

TV Presenter and Radio Broadcaster Zoe Hardman combines with Georgia Dayton to 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 No.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)

Delivers live online classes for expectant parents across the UK, all delivered on a tailored and interactive platform, where you can ask questions in real time.

Several classes on the Baby Academy website are free for you to access.

📌 [Emma's Diary](#) (Website)

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

Pregnancy, birth and motherhood open 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 them 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.

📌 [The Female Body Bible: A Revolution in Women's Health and Fitness](#) (Book)

The Female Body Bible is the playbook of all the elements that go into getting the most out of your body, and a selection of strategies that you can try to find out what works for you and your incredible body.

In addition, The Well HQ run a series of courses, such as The Female Body - Pre Post Natal.

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 athletes can do at home to work around training and competition schedules, 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. The foundation 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 ultra-marathon 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)

Siobhan Miller, expert hypnobirthing teacher and founder of The Positive Birth Company, 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 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](#) / [Here Hear](#) (Websites)

🚩 [@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. Provides 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.

Maternity Action provides free legal advice on maternity and parental rights at work and benefits for families.

The advice helpline is 0808 802 0029 or for advice by email:

🚩 <https://maternityaction.org.uk/advice-line/>

Alongside being a performance funded athlete, you may be employed, or self-employed.

Please see below for further information on maternity pay if this applies to you.

🚩 [Maternity pay for employed women](#) (Website)

🚩 [Maternity and parental rights for self-employed parents](#) (Website)

🚩 [Benefits for families](#) (Website)

🚩 [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.

It also aims 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, stillbirth, 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 three 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 Birth/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 aspect of parenthood – the highs, the lows, the challenges and rewards. It's time to stop comparing ourselves and to champion each other instead.

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

➤ [Baby Check](#) (App)

The Baby Check App – The Lullaby Trust.

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.

This app is available on Apple and Android phones.

📌 [Ovia Parenting and Baby Tracker](#) (App)

Ovia Parenting & Baby Tracker – Apps on Google Play.

The must-have app for parents everywhere.

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

This app is available on Apple and Android phones.

📌 [BabySparks Development and Activity](#) (App)

App Overview – BabySparks.

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 personalised development program with proprietary smart adaptive technology that learns and adapts to your child's specific needs.

This app is available on Apple and Android phones.

📌 [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.

This app is available on Apple and Android phones.

📌 [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)

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 – the 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 suffer.

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

➤ [S-OS Parenting](#) (Book)

Sarah Ockwell-Smith – Childcare Author and Parenting Expert.

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 11 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 while 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 – NHS Innovation Accelerator](#) (Website)

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

Mush understands the importance and brilliance of shared experience, so it unites local mums in peer-group ‘pods’ of five, with similar interests and one (or more) cute, screaming, dribbling things in common.

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!

Supporting your baby’s development:

🚀 [NSPCC](#) (Website)

Look, Say, Sing, Play gives parents, carers and anyone looking after a child a free tool to help them to have higher quality interactions with their little ones. These simple ideas, which fit into your daily routine, have a huge impact on their learning and brain development, right from birth. It’s a great way to have fun while making your bond even stronger.

🚀 [BBC Tiny Happy People](#) (Website)

Supports you to develop your child’s communication and language skills, so they get the best start in life.

🚀 [Bookstart Baby](#) (Website)

Supports parents on the developmental change babies go through from 0-12 months and how this impacts the way they engage with shared reading. Designed to be given alongside messaging and tips to improve parents’ knowledge and confidence in reading with their baby.

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.

🚀 [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.

🚀 [Birth Injury Center](#) (Website)

Founded in 2021 by a group of people with an in-depth understanding of birth injuries. Their team includes birth-injury lawyers, healthcare providers who are well practised in birth injuries, and concerned parents who understand the grief, fear and feelings of isolation parents experience because of birth injuries.

↗ [British Association for Counselling and Psychotherapy](#) (Website)

The British Association for Counselling and Psychotherapy is the professional association for members of the counselling professions in the UK.

↗ [Maternal Mental Health Alliance](#) (Website)

The charity provides and signposts to information and support on mental illness during maternity.

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.

Disability Charities:

↗ [Remap](#) (Website)

Remap is the UK's only charity providing custom-made equipment, free of charge for people with disabilities.

↗ [Scope](#) (Website)

Scope offers advice and support to disabled parents.

↗ [Mencap](#) (Website)

Mencap offers advice and support to disabled parents.

↗ [Voiceability](#) (Website)

Voiceability can provide advocacy support. They support people to be heard in decisions about their health, care and wellbeing.

↗ [Elfrida](#) (Website)

Elfrida offers support to people with learning disabilities.

↗ [Family Rights Group](#) (Website)

The Family Rights Group offers information if you are disabled and would like help to care for your child.

↗ [The Disability Law Service](#) (Website)

The charity provides free legal advice on community care, employment, housing and welfare benefits to disabled people and their carers to ensure that they have access to their rights and justice.

↗ [Disability, Pregnancy & Parenthood](#) (Website)

Disability, Pregnancy & Parenthood is a user-led registered charity that promotes better awareness and support for disabled people during pregnancy and as parents.

↗ [Birthrights](#) (Website)

Birthrights promotes your right to receive evidence-based care that conforms to the best medical and midwifery standards.

Equality Charities:

↗ [Project MAMA](#) (Website)

Project MAMA is a registered charity launched in March 2018 that offers free, confidential and individual-focused holistic support to displaced people throughout pregnancy, labour and childbirth, and those first few weeks of parenthood.

↗ [Black Mums Upfront](#) (Website)

Black Mums Upfront challenges stereotypes, makes motherhood inclusive and tackles head-on issues of inequality and disproportionality.

↗ [Five X More](#) (Website)

Five X More is a grassroots organisation committed to changing Black women and birthing people's maternal health outcomes in the UK. It was initiated in 2019 when two Black mothers came together with the dream of improving maternal mortality rates and healthcare outcomes for Black women.

↗ [Black Mothers Matter](#) (Website)

Black Mothers Matter creates dedicated resources, a platform and safe space for black mothers to get information and support on the issues faced by them during pregnancy and the first year after birth.

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 happy, energetic, confident, motivated and feeling 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 because she experienced a lack of help post pregnancy with regards to prolapse, diastasis recti and pelvic floor recovery.

Government Initiatives:

For support relating to financial matters, it is recommended that athletes speak to their accountant, financial advisor or PL Practitioner to ensure they have the correct information for their circumstances and those of their partners, and to be signposted appropriately.

📌 [Free prescriptions](#) and 📌 [NHS dental treatment](#) (Website)

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, always entitled to free prescriptions.

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](#) (Website)

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 that includes a disability or severe disability element.
- Please visit [Sure Start Maternity Grant](#) for more information.

➤ [Healthy Food Scheme and Healthy Start Vouchers](#)

(England, Wales and Northern Ireland).

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](#) (Website)

- 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 four 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.
- Please note that following the government's spring budget in March 2023, the Chancellor announced childcare reforms. Please visit [Childcare Reforms](#) for further information.

➤ [Tax-Free Childcare](#) (Website)

- You can get up to £500 every three 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 three 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.

Please note that following the government's spring budget in March 2023, the Chancellor announced childcare reforms. Please visit [Childcare Reforms](#) for further information.

➤ [Household Support Fund](#) (Website)

- Financial help from the Department of Work and Pensions, to assist with the increased cost of living
- Please visit [Household Support Fund](#) for more information.

📌 [Council Tax Reduction](#) (Website)

- Apply to your local council for Council Tax Reduction (sometimes called Council Tax Support). This will vary from council to council in the UK. You'll get a discount on your bill if you're eligible.
- Please visit Council Tax Reduction for more information.

📌 [Family Childcare Trust](#) (Website)

- Many parents in the UK today are frozen out of work by the cost of childcare, and disadvantaged children fall behind their peers before they even start school. Coram Family and Childcare work to change this and to make the UK a better place for families.
- They focus on childcare and the early years to make a difference to families' lives now and in the long term. They work to make sure that every child has access to high quality childcare and every parent is better off working once they have paid for childcare. Families who face disadvantage, social exclusion and poverty are at the heart of their work.
- Please visit Coram Family and Childcare Trust for more information.

📌 [Personal Independence Payment](#) (Website)

- Personal Independence Payment (PIP) can help with extra living costs if you have both:
 - a long-term physical or mental health condition or disability
 - difficulty doing certain everyday tasks or getting around because of your condition.
- You can get PIP even if you're working, have savings or are getting most other benefits.
- Please visit Personal Independence Payment (PIP) for more information.

📌 [Disability Law Service](#) (Website)

- The Disability Law Service provides free legal advice on community care, employment, housing and welfare benefits to disabled people and their carers to ensure that they have access to their rights and justice.
- Please visit Disability Law Service for more information.

The following information is relevant to employees and people who are self-employed:

📌 [Working Families](#) (Website)

Working Families is the UK's national charity for working parents and carers. Their mission is to remove the barriers that people with caring responsibilities face in the workplace.

They provide free legal advice to parents and carers on their rights at work. They give employers the tools they need to support their people while creating a flexible, high-performing workforce. They advocate on behalf of the UK's 17.5 million working parents and carers, influencing policy through campaigns informed by ground-breaking research.

They have a toolkit for new parents and a maternity calendar: Toolkit for parents Archives – Working Families.



APPENDIX D:

During Pregnancy and Post-Childbirth Mental Health

You may wish to utilise the resources in this appendix regarding perinatal and postnatal mental health, however additional support can be provided by your GP and the UKSI Mental Health Expert Panel.

Perinatal Mental Health

- Mothers may experience perinatal mental health issues any time from becoming pregnant up to a year after giving birth, and after experiencing a miscarriage.
- Having a baby is a significant life event. It is natural to experience a range of emotions during pregnancy and post-childbirth. Athletes should therefore be aware of both their physical and mental health.
- The most common perinatal mental health issues are depression, anxiety and obsessive-compulsive disorder (OCD).
- More details about these conditions and where to seek help are in Appendix C.
- If you believe you or another athlete is experiencing any of the above conditions, or another mental health issue during your pregnancy, it is advised that you speak with your GP, SGB doctor or Performance Lifestyle Practitioner and they will be able to support and/or signpost you to a medical professional for further advice.

Postnatal Mental Health

- It is common for mothers to feel very emotional post-childbirth. Make sure that you look after yourself as well as your baby, and do not feel afraid to ask for help if you feel overwhelmed.
- In the weeks post-childbirth, you will still be recovering, and you and your baby may be learning to breastfeed. It is important for you to eat well and healthily, get sleep when you can, and if possible, allow others to take care of your baby for a break.
- New mothers may experience 'the baby blues', which often begins in the week post-childbirth and ends once your baby is approximately ten

days old. The baby blues are very common, and you 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 your body becomes accustomed to not being pregnant anymore. You don't require any treatment for the 'baby blues' but it may be helpful to talk to someone about how you're feeling.

- It is important to distinguish between 'baby blues' and postnatal depression. Postnatal depression is when you have feelings of sadness, hopelessness, guilt, or self-blame for weeks or months post-childbirth.
- 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.
- Postnatal depression can be treated with the right care and support, and most women will make a full recovery.
- It is recommended that you talk to your midwife or GP if you think you have any symptoms of depression if they last for more than two weeks. For further guidance and sources of support on postnatal depression please see Appendix C.
- If you experience traumatic events during labour or childbirth, you 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, or traumatic experience during birth. These traumatic experiences can sometimes have a negative effect on your relationship with your baby and the people around you.
- 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 you may be offered for postnatal PTSD. Your doctor should discuss these options with you, so you can decide together about the best treatment for you. For further guidance and support on postnatal PTSD please see Appendix C.

APPENDIX E:

Supplements

You may wish to take supplements (e.g., vitamins, folic acid) during your pregnancy. There is never a guarantee that a supplement product is free from containing substances prohibited under Anti-Doping rules because the following issues can arise: i) products can become contaminated with prohibited substances during the manufacturing process; or 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 your 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](#)

It is also widely recognised that folic acid alone can be prescribed by your GP as a supplement. It is recommended that you speak to your GP and SGB Doctor when considering any supplement so that you can discuss and assess any benefits and risks of supplements (such as spina bifida) during pregnancy. This will allow the risks versus the likely benefits of each product to be discussed and will ensure that any supplement or vitamin derives from a batch tested or pharmaceutical grade source. Your SGB Doctor or medical staff will know what can be prescribed and where you will need to obtain a specific supplement or vitamin from, e.g., via Healthspan or your SGB's nutritionist.

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 you have a question specifically about taking supplements during your pregnancy, you should speak to your GP and UK Anti-Doping (ukad@ukad.org.uk).

APPENDIX F:

Miscarriage and Still Birth

Content warning: Please be aware that the content found in this appendix may trigger and/or be upsetting. If you require further support due to the nature of the content, please speak to an SGB staff member who you feel comfortable with.

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

Miscarriage

- Among 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 your lower abdomen. If you experience vaginal bleeding, contact your GP or your midwife. Most GP's will be able to refer you to an early pregnancy unit at your 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 you are having a miscarriage.
- When a miscarriage is confirmed, you will need to speak to your 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, you may be given medicine to assist the passage of tissue, or you can choose to have minor surgery to remove it if you do not want to wait.
- A miscarriage can be an emotionally and physically draining experience. For further advice and support please see the Appendix C.

- In 2023, a [Pregnancy Loss Review - GOV.UK](#) was led by two independent experts, Zoe Clark-Coates MBE BC&A and Samantha Collinge RM. The review looks at options to improve NHS care for parents who experience a miscarriage, ectopic pregnancy, molar pregnancy or a termination for medical reasons. The review makes 73 recommendations, which are intended to support the Government and the NHS in creating a forward-looking approach to improve the safety and care experience for all those who have a pre-24-week baby loss. The Government's response sets out the immediate action the government is taking to prioritise the recommendations that it can begin to implement in the short term, while continuing to work with its system partners on those that need more time and planning to progress.
- If you have a miscarriage, you must inform your midwife immediately. If you feel comfortable doing so, please also inform a member of your SGB's medical team as soon as possible. It is important that your SGB understands what support (physiological and psychological) you are being provided with by your GP and your hospital, and where any gaps in provision need to be filled by the SGB.
- Any communication around your miscarriage should be athlete-led, and this should include the regularity of communication between you and your SGB. As part of this communication, the SGB will need to understand if consent is provided by you to inform other members of staff. There is no requirement for this to happen – it is at your discretion.
- Reasonable adjustments should be made before a return to a formalised training programme. Once you feel ready to engage, your SGB will need to support you as appropriate.

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 you contact your GP or midwife straight away if you are pregnant and worried about your baby - for example, if your baby is moving less than normal.
- If you lose your baby after 24 weeks, you may be able to wait for labour to start naturally or your labour may need to be induced. If your health is at risk, your baby may need to be delivered as soon as possible.
- After a still birth, decisions about what to do are very personal. A specialist midwife will discuss options with you, which may include tests to find out why your baby died and provide information about registering the birth. For further support and advice on this topic, please see Appendix C.

Emotional Impact

- If you do experience a miscarriage or still birth, it is suggested that you speak with your GP, who will be able to assess the most effective way to provide you with the support you need.
- You may experience emotional trauma from a miscarriage or still birth immediately, or it may take a few weeks. However, it is likely that you will experience a bereavement period.
- You may feel tired, lose your appetite, or have some difficulty sleeping after a miscarriage or still birth. People grieve in different ways – whether you choose to discuss your feelings with another individual is your choice.
- Your partner may also be affected by the loss of your baby. It may, therefore, help to discuss how you both are feeling.
- If you are concerned about your and/or your 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 you 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 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 you are pregnant, your 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 over-stretch during pregnancy and separate down the stomach midline (linea alba).
- Separation can occur any time in the last trimester, but it is most problematic post-childbirth when the abdominal wall is weak. If your abdominal muscles remain weak the rectus cannot contract efficiently, and you are 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 your 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 your midline is more than two fingers' width and has a visible bulge, you may have DRA and require support from a physiotherapist.
- Please also note that hormonal changes associated with pregnancy affect your body in many ways. You should work with your medical support and coaching team to ensure that your 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 your 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 your 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 your 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 you will be offered extra care during your pregnancy. Problems that you 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 you have a multiple pregnancy, as you could either go into labour early or it is recommended by your GP that you have your babies early.
- Having a multiple pregnancy increases the chance that your placenta may not work as well as it should. This can affect your babies' growth and wellbeing during the pregnancy. Sometimes both babies may be small but more often only one baby is small.
- You will be under the care of a specialist healthcare team throughout your pregnancy. This should include a GP, a midwife and a sonographer who specialise in multiple pregnancies. You will be offered additional support as you need it from other team members, which may include dietitians, physiotherapists, mental health specialists, health visitors and infant feeding specialists.
- You will have an individualised plan of care for your pregnancy and birth that will include additional visits to the antenatal clinic and extra growth scans for your babies. You should be given information about what to expect from having a multiple pregnancy and a detailed plan of care at your first appointment with your specialist team. This should be by the time you are around 16 weeks pregnant. For more information on Multiple Pregnancies, please visit: [Multiple Pregnancies](#) and [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.
- Your 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 your 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.

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

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

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

** It is recommended that you contact femaleathlete@uksportsinstitute.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:

Fertility

The time it takes to get pregnant can vary. Most women get pregnant within a year of trying (your age can make a difference here), with about one in three getting pregnant within a month of trying.

Fertility relates to the ability to get pregnant. More than eight out of 10 couples where the woman is under 40 will get pregnant within one year if they have regular unprotected sex. More than nine out of 10 couples will get pregnant within two years. Regular, unprotected sex means having sex every 2-3 days without using contraception.

If you have been taking contraception that uses hormones (such as the Pill, the patch, injections) for a long time, you may not know your cycle very well (for example, how long it is). This is because the bleed that happens when you move to a new packet of the Pill is not a true period. A true period happens when you ovulate (release an egg from your ovaries), and the Pill prevents ovulation.

If you've stopped taking contraceptives that were based on hormones, your periods may be irregular (where it comes at different times of the month) for the first few months while your body gets used to the change in hormone levels.

The Pill does not cause infertility, but it may cover up conditions that are linked to infertility because lack of periods is a sign of ovulation problems, [endometriosis](#) or [PCOS](#). If you do not have periods, these problems may be missed until you come off contraception.

The above information was sourced from [Tommy's](#) website.

Fertility MOT

The primary aim of a fertility MOT is to provide a comprehensive assessment of your fertility and to help you understand your fertility status and ability to conceive.

A Fertility MOT test for women includes a pelvic ultrasound scan, blood test and consultation with a fertility specialist. The blood test will measure a hormone known as Anti-Mullerian Hormone (AMH), which will give you an idea about your ovarian reserve. The pelvic ultrasound scan will check for any polyps, fibroids, cysts, or other problems likely to affect fertility as well as evaluate the Antral Follicle Count to assess your ovarian reserve.

For heterosexual couples, a joint Fertility MOT test comprises of a combination of the female tests and other tests for the male partner. It provides an accurate picture of your combined fertility to enable you both to understand your fertility potential and your ability to conceive.

For lesbian couples, the London Women's Clinic also offers a same-sex couples Fertility MOT test. This enables both partners to have a pelvic ultrasound scan and Anti Mullerian Hormone (AMH) blood test.

For more information on a Fertility MOT, please visit the [London Women's Clinic](#) website.

AMH Home Fertility Test

Testing your AMH levels using the London Women's Clinic kit is a convenient and reliable way to better understand your ovarian reserve in the comfort and privacy of your own home.

This is available to anyone who may be: struggling to conceive; interested in fertility treatment such as egg freezing; IUI or IVF; considering starting a family soon; not quite ready to think about a family but keen to understand their own biological clock; or purely curious!

For more information on an AMH Home Fertility Test, please visit the [London Women's Clinic](#) website.

Types of fertility treatment

The following is a summary of the most common treatments.

- **Intrauterine insemination (IUI)** – Also known as artificial insemination, a fertility treatment that involves directly inserting sperm into a woman's womb to fertilise an egg.
- **In-Vitro Fertilisation (IVF)** – The menstrual cycle is controlled to ensure that numerous ovarian follicles develop and mature to release several eggs (as opposed to one egg that is normally released during each menstrual cycle). The eggs are retrieved from the woman's ovaries and fertilised with sperm in a laboratory. The fertilised egg, or embryo, is then returned to the woman's womb to grow and develop.
- **Egg/Embryo freezing** – Enables women to store their eggs or embryos to be used later either for medical reasons or to delay conception. The process is similar to IVF up to the point of egg collection. Eggs or embryos can be stored for a maximum of 10 years before use. The first step would be to consider a Fertility MOT to find out if your eggs are likely to be suitable for freezing. The results of these tests, alongside your medical history, will allow a fertility specialist to advise on your current fertility and to help you make decisions about future treatments including egg freezing. The egg freezing treatment process begins very similarly to IVF - a course of injections to stimulate the ovaries so several eggs can be collected, followed by the egg collection procedure. The collected eggs are then fast-frozen using a technique called vitrification, which very quickly transforms them to a glass-like state ('vitrifies'). You can store eggs for use in treatment for up to a maximum of 55 years. If and when you decide to attempt a pregnancy using your frozen eggs in the future, they will be thawed and fertilised in the laboratory, with the resulting embryo placed into the uterus.
- **Sperm freezing** – Enables men to store their sperm to be used later either for medical reasons or to delay conception. There are no time limits on how long sperm can be stored before use. There are many reasons why men consider freezing sperm: undergoing a vasectomy; undergoing medical treatment such as chemotherapy that may affect fertility; a medical condition that may lead to infertility later in life; a low sperm count or poor-quality sperm that is deteriorating; difficulty producing a semen sample during fertility treatment; or ahead of active military duty.

- **Donor egg** – Egg donation is most commonly used when the patient is unable to produce her own eggs or in female same-sex couples where one woman is the biological mother (the egg donor) who donates her eggs to her partner who is the birth mother (the egg recipient).
- **Donor sperm** – This is an option for heterosexual couples affected by male infertility, as well as same-sex female couples and single women wishing to conceive.
- **Surrogacy** – A woman carries and gives birth to a baby for another person or couple. Surrogacy may be appropriate for women with a medical condition that makes it impossible or dangerous for them to get pregnant and give birth, and is also an option for male same-sex couples who wish to start a family. Surrogacy can involve egg and/or sperm donation.

Useful links

- Human Fertilisation and Embryology Authority; Egg Freezing – [↗ Egg freezing | HFEA](#)
- Human Fertilisation and Embryology Authority; Sperm Freezing – [↗ Sperm freezing | HFEA](#)
- Human Fertilisation and Embryology Authority; Fertility treatment for LGBT+ – [↗ Fertility treatment for LGBT+ people | HFEA](#)
- Human Fertilisation and Embryology Authority; Choosing a Clinic – [↗ Choose a fertility clinic | HFEA](#)
- Fertility MOT – [↗ Fertility Test For Women – | London Women's Clinic](#)
- Couples Fertility Test – [↗ Couples Fertility Test – | London Women's Clinic](#)
- AMH Home Fertility Test – [↗ AMH Test | London Women's Clinic](#)
- Egg Freezing – [↗ Egg Freezing Fertility Services | London Women's Clinic](#)
- Sperm Freezing – [↗ Sperm Freezing – | London Women's Clinic](#)
- Infertility – [↗ Infertility – | NHS](#)
- Fertility Treatments – [↗ Fertility Treatments – London Womens Clinic](#)
- Fertility Network – [↗ Fertility Network | Fertility Network UK](#)

APPENDIX M:

Sleep Guidelines

The following guidelines have been developed by The Sleep Hive, Online Certified Infant Sleep Consultant, supporting families 1:1 to help their babies get more sleep.

For further information, please contact hello@thesleephive.co.uk or browse information at www.thesleephive.co.uk

1.0 The science of how we sleep

1.1 Sleep Cycles

Infant sleep is very different from adult sleep. Adults typically need at least 4-6 cycles of sleep every night. Each sleep cycle is approximately 90 minutes in length and sees us pass through various stages of light (REM) sleep, and deep (non-REM) sleep.

Babies have much shorter sleep cycles of about 40 minutes and these lengthen as they age, reaching adult length of 90 minutes around primary school age. Secondly, until about four months babies have only two stages per sleep cycle: active sleep and quiet sleep. Active sleep can best be compared to REM sleep and quiet sleep to non-REM. Newborns have only these two stages until their brain undergoes the physiological changes associated with the four-month sleep regression (see 7.0 below).

Newborns' sleep is dominated by active sleep due to the rapid development they are undergoing. This results in lots of noises, moving and shuffling at night-time. Often you might think your little one is awake because of this, but they are in fact just in active sleep. For this reason, it's best to briefly pause and listen before picking them up, or you may fully wake them unnecessarily.

Understanding the science behind sleep cycles will, hopefully, help to reassure you that these multiple night wakings in the newborn period are physiologically normal behaviour for your baby.

1.2 Hormones and Sleep

It's a common misconception that keeping babies awake for long periods will help them sleep better. However, when babies are kept up longer than their appropriate wake window for their age (see section 2.2), a stress hormone called cortisol begins to build. Babies need to sleep to get rid of this excess cortisol and, by doing so, prevent them from becoming overtired.

The human body requires some levels of cortisol to maintain its circadian rhythm. The circadian rhythm is a 24-hour clock controlled by the brain which governs sleep and wake cycles. It often isn't fully established in a baby until about 12 weeks old. There are two hormones that govern the circadian rhythm: melatonin and cortisol. Both melatonin and cortisol are released at predictable times during a 24-hour cycle, controlling when we sleep and wake.

Melatonin is a naturally occurring hormone produced by the brain. It is involved in regulating a person's body clock and helps to regulate sleep patterns. It is highest in babies at about 7-8pm, although it can take as long as four months to be properly established. Maintaining a good routine and optimising your baby's sleep environment can help the production of melatonin.

In relation to sleep, cortisol is the 'wake-up' hormone. It is at its highest in the morning, and for babies this is usually between 6-7am. Cortisol levels can build through the day if we are exposed to stress, which can make it difficult to fall asleep at night.

During the day babies don't have melatonin to help them fall asleep, so their body builds up a need for sleep via a molecule known as adenosine. Levels of adenosine increase throughout the day, starting at wake-up until it reaches a level of sleep pressure where the brain says it is time to sleep again (this can be as short as 30 minutes in a four-week-old, 12 hours in a toddler, right up to 16 hours in an adult).

So ensuring your baby naps appropriately throughout the day will help relieve sleep pressure, in turn preventing the build-up of cortisol and preventing an overtired baby.

2.0 Newborn sleepy cues

2.1 Sleepy Cues

While your little one is unable to communicate with words that they want to sleep, they will in fact offer signs and signals to show you that their little body is ready for sleep. These are known as newborn sleepy cues.

These are the signs your baby uses to communicate that they are tired, ready for a nap, or overtired:

- **Early signs include:** red eyebrows, a vacant stare.
- **Tired signs:** yawning, rubbing eyes, getting fussy.
- **Overtired:** frantic crying, rigid body, pushing away.

Notice how these sleepy cues progress and intensify. In some babies this will be gradual and, therefore, easy to spot and you can start preparing them for a nap before they reach that overtired stage. But some babies don't show sleepy cues, or you may somehow miss them, and baby is in full overtired meltdown mode. That is why using a combination of both sleepy cues and wake windows can be helpful.

2.2 Wake Windows

A wake window is the amount of time from when your baby wakes from one nap and then falls asleep for their next nap. Aiming for full, age-appropriate wake windows will help your baby to fall asleep easily and stay asleep longer. Also, keep in mind that wake windows are typically shorter in the morning and longer before bedtime.

Wake windows are always a range. For example, a wake window for a 0-3-month-old ranges from 30-90 minutes. So with an eight-week-old baby we may be offering naps every 45-60 minutes, and 90 minutes is too long for them to be awake. By 12 weeks, 90 minutes may be just right, with them stretching to nearly 120 minutes by four months old.

➤ **Babies' wake windows** will lengthen as they get older, so re-evaluating them frequently will optimise both day and night sleep.

3.0 Short Naps

3.1 The science behind short naps

It is not widely known that typically babies only begin to have more consistent and consolidated naps at about five months of age, and that night-time sleep generally consolidates before daytime sleep.

This means very short naps (typically defined as naps lasting less than 40 minutes) are normal and developmentally appropriate for newborns. Growth spurts, brain development, and all the important things your baby is doing on the inside keep them from showing consistency on the outside. However, this can be a source of huge frustration for parents/carers and can make creating that ideal daytime routine very difficult. But knowing that it is normal and short-lived should bring some reassurance.

It is important to understand the science behind these short naps. If your baby is waking at 20 minutes, then referring to the sleep cycle it means your baby is probably getting stuck halfway through it, going from light sleep to deep sleep. If your baby is waking at exactly 37 minutes, this is likely to be the length of your baby's completed sleep cycle and they haven't managed to link into the next one.

3.2 How can I help lengthen short naps?

Following wake windows and sleepy cues, keeping babies fed every 2.5-3 hours and optimising baby's sleep environment will ensure you are setting your baby up for the perfect nap. However, there is another key component that must be considered, and that is how your baby is falling asleep.

If you fell asleep in your own bed but woke up on the kitchen floor you would be disorientated, and it would be quite unlikely you would drift off back to sleep. This could be a reason for your baby not linking sleep cycles. If they fell asleep while feeding, rocking in your arms, or bouncing, but have woken up in their cot on their own, they may well be looking for that same association to fall asleep. If you are struggling with short naps and frequent night wakes, then gently working on getting your baby to fall asleep by themselves can be key to getting those longer naps and longer night stints.

Another option is resettling your baby. When your baby wakes from their short nap, very often they will happily be helped back to sleep again because they are still tired. Putting your hand gently on their chest and shushing, or maybe picking them up and bouncing or rocking them back to sleep may help. This can take practice as you learn your baby's preferred way to be helped back to sleep, but trying to resettle for 15-20 minutes

can help them learn to sleep for longer stints. The first nap of the day is generally the easiest and the first nap that will naturally lengthen in babies, thus starting to practice falling asleep themselves and resettling this nap can be the best place to start.

Finally, babywearing or contact napping can be the perfect way to achieve long naps for your baby. Parents will often say ‘my baby only naps 30 minutes in their cot but would sleep for hours on me or in the pram/carrier/car seat’ etc. Hopefully, now it is easy to understand why this is; your baby fell asleep on you with your smell, heartbeat, and motion and when they have finished one sleep cycle none of these factors has changed.

NOTE – Very few people experience a ‘perfect nap day’ and the length of your baby’s naps are absolutely no reflection on you.

4.0 ‘The witching hour’ – How to manage an unsettled baby

4.1 What is the witching hour and why does it happen?

The witching hour(s) is a time when an otherwise content baby becomes extremely fussy, often occurring daily between the hours of 5pm and 11pm. Calming methods that work during other parts of the day don’t seem to help as much during this time. For the last nine months, your baby was inside your womb; no faces to see, it was pitch black, and voices were muffled. Now they have entered the world, things can become very overstimulating, especially in the latter hours of the day. This overstimulation sends a newborn’s immature nervous system into overdrive, and the crying cycle of the newborn witching hour begins.

Typically, this fussiness begins when your baby wakes up at about three weeks, peaking at about six weeks, and usually resolving by 12 weeks.

4.2 How to help with the witching hour

Preventing your baby becoming overtired can be a key component in preventing the witching hour during these first 12 weeks. This is extremely common, especially in the late afternoon/evening. When babies get overtired, cortisol and adrenaline are released into the bloodstream, essentially putting a baby in fight-or-flight mode. This makes falling asleep almost impossible when babies need it most, and the never-ending cycle of crying begins. Therefore, sticking to those age-appropriate wake windows and offering/helping baby nap will significantly help.

However, at times you may follow the same routine and your baby still becomes unsettled as evening arrives. The following three things (abbreviation ‘BMW’) may help soothe your baby and de-escalate their crying:

- **B** is for babywearing. **M** is for motion. **W** is for white noise

Babywearing in a carrier/sling will help your baby feel safe and secure; your smell is so familiar, and they can hear your heartbeat just as they did in the womb. A study, published in the Journal of Paediatrics, concluded that babywearing for three hours a day reduced crying by 43% overall and 51% during evening hours (1).

Motion – babies are not familiar with being still. In the womb they are surrounded by fluid and thus are constantly swayed around as you go about your daily tasks. You are therefore encouraged to walk around with your baby, patting them rhythmically on the bum, or swaying from side to side. This motion may be exactly what they need to get through the witching hour.

White noise – babies find white noise extremely soothing because it mimics the blood rushing through the umbilical cord – a noise they heard for nine months while safe in your womb. It is also extremely dark in there, so consider dimming the lights.

If you are ever concerned that your baby is unwell, please seek medical attention with your relevant healthcare provider.

5.0 How to create the ideal sleep environment for your baby

A baby’s sleep environment is something that is often overlooked, probably because society has led us to believe that a baby should be able to fall asleep anytime and anywhere. However, this is not true for most babies and becomes less likely the older and more inquisitive your baby becomes. The following section outlines several tools you can utilise to optimise infant sleep.

5.1 Using white noise as a sleep aid

Research has shown that your womb is a very noisy place – about 75-90dB. This is about as noisy as a hairdryer or shower running. Consider a white noise machine for optimum effectiveness, and ensure that it doesn’t cut out when the track is looping etc.

White noise is also great for masking external noise - the dog barking, loading the dishwasher, the doorbell etc. The white noise machine should not be placed in the baby's cot but about six feet away from the baby, between them and the source of most noise, e.g. the window if you live on a busy road.

5.2 A cool and dark environment

The ideal temperature for infant sleep is 16-20 degrees. The chance of sudden infant death syndrome (SIDS) is higher in babies who get too hot. It is also important to know that a baby should never wear a hat to sleep indoors, because this increases the risk of overheating significantly. Every baby is different, and it is important to make sure your baby is a comfortable temperature – it is best to feel your baby's chest or the back of their neck (your baby's hands and feet will usually be cooler, which is normal and, therefore, not an accurate gauge of temperature). If your baby's skin is hot or sweaty, remove one or more layers of bedclothes or bedding.

Babies do not have the imagination to be afraid of the dark until they are about 2.5-3 years old. For that reason, it is best to have your room as dark as possible for the baby to get the best sleep. Remember, it's pitch-black in your womb, so this is the environment your baby is used to.

When you do need to use a light for overnight feeds/nappy changes, it is best to use an amber light because this does not affect melatonin levels.

5.3 Swaddles and sleeping bags

If your baby is under four months and not rolling, a swaddle is a fantastic sleep aid to implement. While in the womb, babies are used to developing and growing in a tight space. Swaddling recreates that snug environment once a newborn enters the outside world. Furthermore, a correctly fitted swaddle will help calm the Moro (startle) reflex which can often wake babies unexpectedly.

Studies have shown that swaddling results in “improved neuromuscular development, less physiologic distress, better motor organisation, and more self-regulatory ability.” (2) It also says that full-term infants cry less when swaddled compared to other soothing techniques.

Large muslins are often recommended for swaddling; however, you may find these leave a lot of room for error and can be difficult to redo correctly in the middle of the night. The [LoveToDream swaddle](#) is a great alternative, it keeps their arms safely tucked up next to their heads and is very quick using only one zip.

If your baby is rolling or older than four months, a well-fitting, tog-appropriate sleeping bag is a great tool that your baby will quickly learn to associate with sleep.

6.0 Naps and overnight – realistic expectations as your baby grows

6.1 0-3 months – naps and overnight

The fourth trimester is mainly about getting to know your baby, your new role as a parent, getting to grips with feeding and recovering from birth. For the first month, your baby may be very sleepy and as they become more curious and awake their wake windows should be as little as 30 minutes, just enough for a feed, nappy change, and a quick cuddle. However, babies can begin to recognise routine as early as eight weeks old, and that can be a great time to slowly start introducing them to healthy sleep associations to optimise both day and night sleep.

Naps will be inconsistent at this time and can range from 20 to 120 minutes. Note that keeping any single nap at no more than two hours allows enough time in the day for your baby to obtain daytime calories and ensures they're not getting too much daytime sleep.

In the first four months you may struggle to get your baby down for their night sleep before 10pm. This is very normal and at this young age days won't last 7am-7pm because your baby's circadian rhythm won't have fully developed yet. That means late bedtimes such as 10pm will usually suit your little one a lot better, with the last of many naps ending between 8-9pm. Once four months old your baby will do best with a 7pm-8pm bedtime. However, some babies do hold on to a later bedtime just a bit longer.

Having a consistent wake-up time every day helps. Although it may feel difficult to wake up after a long night, this is an essential step to help establish your baby's circadian rhythm and ensure they are having enough awake time during the day.

Sleeping through the night - a term that usually means 10-12 hours of uninterrupted, independent sleep e.g. no feeds or resettling by carer - by three months would be very unusual. Babies this age (and beyond) still require frequent feeds and comfort and often don't have an established circadian rhythm that would allow them to sleep for such a long period. Nightly feeds every three hours, throughout the entire night, would be a great, healthy benchmark in the fourth trimester.

6.2 4 months – naps and overnight

A four-month-old's wake window ranges from about 90 to 120 minutes. Typically, these wake windows start shorter in the morning and get longer as the day goes on.

Note that even one month can see a big change in wake windows; for example, at 17 weeks, not all babies will be ready for wake windows that last the full 120 minutes, even at the end of the day. On the other hand, at 21 weeks, a 90-minute wake window may be too short, even first thing in the morning. Therefore, it is important to constantly re-evaluate and adapt your baby's schedule to meet their growing needs.

Naps can still be inconsistent at four months old and range from 20 to 120 minutes. Aim to cap naps at two hours. At four months, the aim is for total daytime sleep to be about 3.5-4.5 hours.

Typically, four-month-olds average about four naps a day but taking 3-5 naps per day is normal. For example, if your baby is only doing 30-minute naps they may need five to get through the day to bedtime, but if they are doing 1-2-hour naps, they may need only three. As your baby nears five months of age, begin to aim for three naps a day by gently expanding wake windows and working on more solidified naps.

Note that your baby may show signs of undergoing the four-month sleep regression (see section 7.0) and your baby may start to roll, in which case they should move from a swaddle to a sleeping bag. Safe sleep advice is to roll them back on to their back when they roll onto their tummy during the night until they can roll comfortably both ways.

Sleeping through the night (10-12 hours overnight completely unassisted with no feeds) at four months is an unrealistic expectation. An average of two spaced-out feeds is more likely. Aim to settle your baby without a feed first to see if you can gently lengthen those periods of night sleep, but many will still need milk overnight.

6.3 5 months - naps and overnight

Average number of naps: 3 per day (range of 3-5).

Cap any one nap at: 2 hours.

Example schedule: 7am wake, nap 1 9:00-10:00, nap 2 12:15-14:00, nap 3 16:30-17:00, asleep 19:30.

Wake windows: 2-3 hours.

Ideal bedtime: between 7pm and 8pm.

Overnight: 0-3 wake-ups still very normal, either requiring comfort or a feed. Try to settle your baby without a feed first but understand they may still require calories at night.

7.0 The 4-month sleep regression: why you shouldn't dread it

The four-month sleep regression is a stage that causes significant anxiety for parents. You may see more night wakes and inconsistent naps during this period, but overall, this is a positive stage in your baby's development that should not be feared. Think of this as a progression.

Around 3-5 months your baby's sleep changes from two stages (see section 1.1) to four stages, the same as adults.

Top tips:

- Focus on starting and ending each day at roughly the same time, e.g. 7am and 7pm.
- When your baby wakes up, don't go to them straight away. Lie and listen to their sounds; they may just be having a fuss and go back to sleep. Give them space, even just for a few minutes.
- Aim for a daily routine; naps might be short and frequent but keep watching those wake windows and sleepy cues.

References:

- 1) <https://pubmed.ncbi.nlm.nih.gov/3517799/>
- 2) <https://publications.aap.org/pediatrics/article-abstract/120/4/e1097/71284/Swaddling-A-Systematic-Review?autologincheck=redirected>

APPENDIX N:

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 SGB 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 Elite Athletes Association (BEAA)' provides independent, confidential, expert, and professional support and advice for all athlete members. If necessary, the BEAA 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 high-performance programme of an SGB which is supported by funding from UK Sport';

'Home Country Sports Institute / HSCI' means UK Sports Institute, sportscotland Institute of Sport, Sport Institute Northern Ireland, and the Sport Wales Institute;

'Individual Athlete Development Plan / IADP' means the plan setting out your 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 recognised by the international federation or international disabled sport federation;

'Medical & Scientific Support Staff' means members of your 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 your SGB 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 (also referred to as postpartum);

'Personal Coach' means 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 SGB 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 wellbeing and to encourage and facilitate your personal and professional development alongside your competitive sporting career as you 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 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 the Department of Culture, Media and Sport’s website currently located at [UK National Anti-doping Policy \(2021\)](#));

‘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.

