



UNIVERSITY
OF
JOHANNESBURG

MANAGEMENT OF PREGNANT STUDENTS

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Related documents

UJ documents (e.g. Policies, Regulations, Guidelines, Contracts)	Other (e.g. Legislation, DoE and HEQC directives and guidelines)
<ul style="list-style-type: none"> • UJ Vision, Mission and Values; • Assessment Policy; • Academic Regulations • Student Regulations 	<ul style="list-style-type: none"> • Higher Education Act (Act 101 of 1997); • Basic Conditions of Employment Act • Constitution • Termination of Pregnancy Act • Patient Rights Charter • National Youth Policy • Code of Good Practice on the Protection of Employees during pregnancy and after the birth of a child • National Health Act no 61 of 2003
<p>Stakeholders affected by this document (units and divisions who should be familiar with it).</p>	<ul style="list-style-type: none"> • Executive Deans/Vice Deans; • Heads: Academic Departments; • Heads: Faculty Administration; • Heads: Academic and Administrative Support Units;

	<ul style="list-style-type: none"> • Campus Health Service; • Academic Development and SupportUJ Sport • PSYCAD • Student Affairs
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MANAGEMENT OF PREGNANT STUDENTS

1. PREAMBLE

Pregnancies may occur during a female student's studies. The campus healthcare service statistics reveal an increase in unplanned pregnancies amongst female students. These unplanned pregnancies – whether being terminated or carried to full term – can be distressing and disruptive to a student.

The University acknowledges a person's right to make decisions concerning reproduction as stipulated in the Constitution and subsequent health-related legislation and the Bill of Rights, and therefore does not unfairly discriminate directly or indirectly against any pregnant student. Furthermore, the University acknowledges the right of a person to have her dignity respected and protected. This also applies to the right to confidentiality as stated in the Patient's Rights Charter. No person/patient may be forced to divulge any information regarding their health, nor may a third party do so without the informed written consent from the person/patient.

The Occupational Health and Safety Act imposes the duty on the University to conduct the undertaking, as far as is reasonably practicable, in such a manner that persons other than those in its employment who may be directly affected by its activities are not thereby exposed to hazards to their health or safety.

The Code of Good Practice on the Protection of employees during pregnancy and after the birth of a child provides relevant guidance.

The National Youth Policy advocates that the young pregnant student being allowed and supported to complete her studies. This policy serves as a guideline for residence managers and residence life officers, student leaders, campus health services and lecturers how to deal with and guide a pregnant student on campus.

2. PURPOSE

The purpose of this Policy is to:

- 2.1 Assist pregnant students in effectively managing the impact of a pregnancy on their studies;
- 2.2 Facilitate an enabling University environment for the pregnant student;
- 2.3 Guide UJ Management in the protection of students against potential hazards in their study environment;

- 2.4 Guide residence managers and residence life officers and student leaders in dealing with a pregnant student in residence;
- 2.5 Enable academic employees to make an informed decision regarding the granting of a special summative assessment opportunity (in accordance with the Academic Regulations);
- 2.6 Guide academic employees regarding the scheduling of a pregnant student's practical, service learning or work integrated learning (where applicable);
- 2.7 Guide post partum re-admission of a student to continue or complete her studies;
- 2.8 Mitigate any liability during the period of the student's pregnancy.

3. SCOPE

This Policy applies to all female students registered for an academic programme at the University.

4. DEFINITIONS AND ACRONYMS

Definitions and acronyms are attached as Appendix 1 of this document.

5. POLICY GUIDELINES

The following policy guidelines are applicable:

- 5.1 Unplanned pregnancies should be mitigated as follows:
 - 5.1.1 Campus Healthcare Services on each campus are responsible for an awareness campaign on reproductive health care to first year undergraduate students during the orientation period;
 - 5.1.2 Student leadership campaigns on risky behaviour by students should include the risk of an unplanned pregnancy and sexually transmitted diseases;
 - 5.1.3 Family planning services are rendered by Campus Healthcare Services;
- 5.2 Recommendations when a student suspects a pregnancy:
 - 5.2.1 The student should obtain confirmation of pregnancy at Campus Healthcare Services or from a private or external medical/health practitioner as soon as possible;
 - 5.2.2 The student may obtain counseling services at Campus Healthcare Services or may be referred for such counseling services;
 - 5.2.3 The student may choose to terminate the pregnancy in accordance with the legal and professional/ethical provisions in this regard;
- 5.3 The management of a pregnant student:
 - 5.3.1 Counseling services are available to the student in the interest of decision-making and emotional support;
 - 5.3.2 The student is advised to disclose her pregnancy to:
 - a) her parent(s) or legal guardian if she has parents/legal guardian and is under the age of 18 years;
 - b) the residence manager or residence life officer if she stays in a University student residence;
 - c) the Head of the Academic department;

- d) the lecturer responsible for placement related to service learning/work integrated learning;
 - e) the lecturer responsible for practical/laboratory sessions where chemicals or other substances may impact negatively on a pregnancy;
- 5.3.3 Non-disclosure of pregnancy indemnifies the University against risks to the health of the student and the fetus at laboratories and experiential work with Hazardous Chemical and Biological agents.
- 5.3.4 The student is offered health education, primary and emergency health care, individualized interventions and appropriate referrals at Campus Healthcare Service;
- 5.3.5 HIV and AIDS; Campus Health Services does not provide anti-retrovirals to prevent mother-to-child (PMTCT) infection in case the pregnant student is HIV positive. The pregnant student will be referred by Campus Healthcare Services to the appropriate service provider to deal with PMTCT.
- 5.3.6 The student is advised to obtain external ante-natal care services in accordance with current practice standards;
- 5.3.7 Pregnant students in UJ residences will be managed according to residence guidelines on pregnant students as determined by Student Affairs Division in consultation with the primary healthcare nursing practitioner(s), in accordance with the healthcare legislation in this regard and approved by the Management Executive Committee;
- 5.3.8 A risk assessment is conducted jointly by the Primary Health Care and Occupational Health nursing practitioners and the lecturer(s) to identify, assess and record the risks associated with the health of the student, the fetus and in relation to the study programme with reference to at least the following:
- a) physical hazards (noise, vibration, radiation, electric and electromagnetic fields; thermal extremes and radio-active substances);
 - b) ergonomic hazards (heavy physical work, static/awkward posture, heavy lifting, standing/sitting for long periods);
 - c) chemical hazards (as in the Hazardous Chemical Substances Regulations - issued under the OHS-Act; 1993). See Appendix 2;
 - d) biological hazards (bacteria and viruses) See Appendix 3;
 - e) exposure to psychological stressors;
- 5.3.9 The lecturer informs the pregnant student of the risks as reflected in the assessment and determines what steps should be taken to prevent exposure to risk;
- 5.3.10 The scheduling of practical sessions, service learning or work integrated learning is done based on a risk assessment conducted in consultation with the student and, if applicable, in consultation with Campus Healthcare Services or the student's medical/Healthcare practitioner to ensure safety of both the mother and the fetus/baby;
- 5.3.11 The student is advised to give the name and telephone number of the medical/health practitioner concerned to the campus health nursing practitioner and, if applicable, to the residence manager or residence life officer, in the event of an unexpected medical emergency;

- 5.4 The executive dean may request temporary termination of studies at 36 weeks of pregnancy if the student's academic performance has been poor;
- 5.5 The executive dean concerned may grant the student "exemption from learning opportunities" (i.e. attendance of lectures) on the basis of the following:
 - 5.5.1 Adequate academic performance during this 36 week pregnancy period;
 - 5.5.2 Four weeks prior to the birth of the baby, based on a medical certificate indicating the expected date of delivery;
 - 5.5.3 a medical certificate confirming complications that require bed rest or limitation of physical exhaustion;
 - 5.5.4 up to six weeks after delivery based on proof of the date of delivery/birth;
 - 5.5.5 up to two weeks after a miscarriage.
- 5.6 In the event of exemption from learning opportunities having been given as contemplated in section 5.4, the granting of a last summative assessment opportunity (i.e. writing of examinations) is subject to compliance with the University's Assessment Policy, Academic Regulations and the Faculty Rules and Regulations in this regard;
- 5.7 A special summative assessment opportunity may be granted if the summative assessment dates are scheduled during the student's pregnancy periods as reflected in 5.5, in accordance with the Academic Regulations in this regard;
- 5.8 After delivery, the student who attends the Campus Healthcare Service will be offered appropriate health education and individualized interventions as required. Referrals will be made to external postnatal healthcare facilities;
- 5.9 Under no circumstances may a student's baby be taken into any laboratory at UJ;
- 5.10 In the event of a miscarriage, the student who attends the Campus Healthcare Service will be offered appropriate health education and individualized interventions as required. Referrals will be made to PSyCAD for counseling;
- 5.11 Re-registration of a student is in accordance with the Academic Regulations of the University.

6. REVIEW OF THE POLICY

- 6.1 The Policy review will be conducted in accordance with the approved University Policy on Policy Development and take place in consultation with the relevant stakeholders.

APPENDIX 1

1. DEFINITIONS AND TERMINOLOGY

For the purpose of this policy, unless otherwise stated, the following definitions shall apply.

Term	Definition
Pregnancy	Pregnancy is the gestational process, comprising the growth and development within a woman of a new individual from conception through the embryonic and fetal periods to birth. Pregnancy lasts approximately 40 weeks from the first day of the last menstrual period
Antenatal	Care of the pregnant woman during the time in the maternity cycle that begins with conception and ends with the onset of labour.
Risk	Combination of the likelihood and consequences of a specific hazardous event occurring
Hazard	Source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the work environment or a combination of these.
PMTCT	Prevention of mother-to-child transmission of HIV from an HIV positive woman during pregnancy, delivery or breastfeeding to her child

APPENDIX 2

PHYSICAL HAZARDS

HAZARD	WHAT IS THE RISK	HOW TO AVOID THE RISK
Vibration and mechanical shocks	Long-term exposure to vibrations may increase the risk of miscarriage and stillbirth. Exposure to shocks or wholebody vibrations in the later stages of pregnancy can result in premature labour.	<i>It is advised that pregnant workers and those that have recently given birth avoid work that is likely to involve uncomfortable, whole body vibrations, especially at low frequencies, or where the abdomen is exposed to shocks or jolts.</i>
Extreme heat	The exposure of pregnant and breast-feeding employees to extreme heat may lead to dizziness and faintness,	<i>Employers should limit the exposure of pregnant and breast-feeding workers to extreme heat.</i>

	particularly in the case of women performing standing work. Lactation may be impaired by heat dehydration.	<i>Arrangements for access to rest facilities and refreshments should be made in conditions of extreme heat.</i>
Extreme cold	Work in extremely cold conditions such as cold storage rooms has been associated with problems in pregnancy.	<i>Employees must be supplied with thermal protective clothing and their exposure to cold limited in terms of regulation 2 of the Environmental Regulations for Workplaces, made under the Occupational Health and Safety Act (OHSA).</i>
Noise	Prolonged exposure to noise can elevate the blood pressure of pregnant women and lead to tiredness.	<i>Employers should ensure compliance with regulation 7 of the Environmental Regulations for Workplaces, OHSA.</i>
Ionising Radiation	Significant exposure to ionising radiation is known to be harmful to the foetus. Working with radioactive liquids or dusts can result in exposure of the foetus (through ingestion or via contamination of the mother's skin) or a breast-fed baby to ionising radiation.	<p><i>Work procedures should be designed to keep exposure of pregnant women as low as reasonably practicable and below the statutory dose limit for a pregnant woman.</i></p> <p><i>Pregnant women or breast-feeding mothers should not work where there is a risk of radioactive contamination.</i></p> <p><i>Employers of registered radiation workers, including radiographers, must comply with the regulations controlling the use of electronic products issued under the Nuclear Energy Act 131 of 1993.</i></p>
Non-ionising (electromagnetic) radiation	It has not been established that the levels of non-ionising electromagnetic radiation likely to be generated by video display units (VDU's) or other office equipment constitutes a risk to human reproductive health.	<p><i>Women who are pregnant or who are planning children and are worried about working with VDU's should discuss their concerns with an occupational health practitioner.</i></p> <p><i>The following practical measures can be adopted to limit exposure to electromagnetic fields in offices (emfs):</i></p> <ul style="list-style-type: none"> • <i>Workers should sit at arm's length from the computer (70cm) and about 120cm from the backs and sides of co-workers' monitors.</i> • <i>Workers should have regular breaks from VDU work, as this reduces exposure time.</i> • <i>Radiation-reducing glare screens (or shields) can reduce the electrical component of the emfs.</i>

		<i>However, shields that distort the image on the monitor should not be used</i>
Work in compressed air and diving	People who work in compressed air are at risk of developing the bends. It is not clear whether pregnant women are more at risk of getting the bends but potentially the foetus could be seriously harmed by gas bubbles.	<i>Pregnant workers should not work in compressed air because of potential harm to the foetus from gas bubbles. For those who have recently given birth there is a small increase in the risk of the bends. The Diving Regulations, 1991, under OHS, must be complied with.</i>
Physical and mental strain	Excessive physical or mental pressure may cause stress and give rise to anxiety and raised blood pressure during pregnancy.	<i>Employers should ensure that hours of work and the volume and pacing of work are not excessive and that, where practical, employees have some measure of control over how their work is organised. Seating should be available where appropriate. Longer or more frequent rest breaks will help to avoid or reduce fatigue.</i>
Physically strenuous work	Employees whose work is physically strenuous should be considered to be at increased risk of injury when pregnant or after the birth of a child.	<i>Heavy physical exertion, including the lifting or handling of heavy loads, should be avoided from early pregnancy onwards.</i>
Prolonged sitting and standing	Sitting or standing for long periods during pregnancy can have serious health consequences. Standing for long unbroken periods can result in complications during pregnancy such as deep vein thrombosis, varicose veins, premature labour and even miscarriage.	<i>Workstations should be adjustable to allow for necessary changes in posture.</i> <i>Pregnant employees who sit for long periods should be provided with a proper chair with lumbar support rest to prevent lower back pain. A footrest could alleviate pain and discomfort in the case of both sitting and standing workers.</i> <i>Pregnant employees who work in a stationary position should be given frequent rest breaks. Mobility during breaks should be encouraged to help prevent swelling of the ankles and improve blood circulation.</i> <i>Where work organisation permits task rotation, this should be done to allow the worker to do tasks that involve standing, sitting and moving.</i>
Anaesthetic gasses	Exposure to anaesthetic gases during pregnancy can lead to miscarriage.	<i>Exposure to high concentrations of anaesthetic gases should be avoided during pregnancy.</i>
Carbon monoxide	Risks arise when engines or appliances using petrol, diesel and	<i>Occupational exposure to carbon monoxide should be avoided during</i>

	liquefied petroleum gas are operated in enclosed areas. Carbon monoxide can result in the foetus being starved of oxygen.	<i>pregnancy and breast-feeding.</i>
Antimitotic (Cytotoxic) drugs	Exposure to antimitotic drugs, which are used for treating cancer, damages genetic information in human sperm and egg cells. Some of these drugs can cause cancer. Absorption is by inhalation or through the skin.	<i>Workers involved in the preparation and administration of antimitotic drugs should be afforded maximum protection. Direct skin contact can be avoided by wearing suitable gloves and gowns. Pregnant employees potentially exposed to cancer drugs should be offered the option of transfer to other duties.</i>
Ethylene oxide	Ethylene oxide is used mainly in sterilising procedures in hospital. Exposure may occur when sterilised goods are transferred to the aerator after the cycle is complete and when changing the gas tanks.	<i>Health risks can be minimised by reducing worker exposure during transfer when the steriliser door is opened. Pregnant employees exposed to ethylene oxide above the acceptable level should be transferred to other duties.</i>
Lead	Exposure of pregnant and breast-feeding employees to lead affects the nervous system of young children and is detrimental to child development.	<i>Contact with lead should be avoided during pregnancy and breast feeding. The Lead Regulations issued under OHSA must be complied with. These Regulations specify levels at which employees must be withdrawn from exposure to lead.</i>
Mercury and mercury derivatives	Organic and inorganic mercury compounds can have adverse effects on the mother and foetus.	<i>Women of childbearing age should not be exposed to mercury compounds.</i>
Polychlorinated Byphenyls (PCBs)	PCBs can cause deformities in the child. Maternal exposure before conception can also affect foetal development as PCBs can be passed on to the foetus through the mother's blood.	<i>No pregnant women should be exposed to PCBs at work.</i>
Organic solvents	Exposure to organic solvents including aliphatic hydrocarbons, toluene and tetrachloroethylene can lead to miscarriage and have a detrimental effect on the foetus.	<i>Pregnant women should be protected to exposure against these organic solvents.</i>
Pesticides and herbicides	Exposure to certain pesticides and herbicides is associated with an increased risk of miscarriage and can adversely affect the development of the child.	<i>Exposure to pesticides and herbicides should be avoided or minimised</i>
Alcohol	Foetal alcohol syndrome can lead to physical and mental abnormalities in children. Workers in the beverage, catering and associated industries, including wine farming, are particularly at risk.	<i>Where appropriate, employees should be informed of and counselled in the hazards associated with foetal alcohol syndrome.</i>
Tobacco smoke	Tobacco smoke contains carbon	<i>Care should be taken to ensure that</i>

	monoxide and carcinogenic and other harmful substances. Smoking and the inhalation of environmental smoke affects foetal blood supply and can lead to retarded growth and development and more early childhood diseases. Smoking carries an increased risk of cancer and cardiovascular disease.	<i>women employees are able to work without being exposed to tobacco smoke.</i>
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APPENDIX 3

BIOLOGICAL HAZARDS

HAZARD	HOW TO AVOID RISK
Cytomegalovirus	Employees should be required to maintain high standards of personal hygiene, wash their hands after each patient contact and use gloves when handling potentially contaminated wastes in order to minimise the risk of infection.
Hepatitis	General precautions must be taken for all forms of hepatitis. Vaccination is the most effective means available of preventing hepatitis B. Workers must take particular care to avoid mucous membranes and skin coming into contact with potentially contaminated blood or other secretions.
HIV	Universal precaution is important for workers potentially exposed to HIV. Health care workers should take precautions to prevent needless stick injuries and exercise care when handling the blood, tissues or mucosal areas of all patients.
Rubella (German measles)	Rubella vaccine is the most effective means of preventing the disease, and susceptible employees should be immunised. Pregnancy should be avoided for 3 months after vaccination.
Varicella (chicken pox)	It is advisable to identify employees who have not previously had chicken pox. Pregnant employees who are known not to be immune to chicken pox and who are exposed to an active case should report to a physician.
Toxoplasmosis gondii	Control measures against toxoplasmosis gondii for women of reproductive age include high standards of personal and environmental hygiene; the sanitary disposal of cat faeces and avoiding contamination by cat faeces of soil to be tilled for agriculture.