



BRITISH AMERICAN FOOTBALL REFEREES ASSOCIATION LIMITED

Officiating during Pregnancy

Pregnancy is neither an illness nor a disability and it is important that it is not treated as such. However, BAFRA recognises that the health of the mother-to-be and the unborn child is of paramount importance and, as an organisation we want to support any member who is pregnant in whatever way is appropriate to allow them to either keep actively officiating or take a break from active officiating according to their individual wishes and requirements.

Once a pregnancy has been confirmed, the member must notify the Director of Operations (within the timescale specified in the guidance document) who will, subject to the member's wishes, keep this information confidential (except where it needs to be shared with other members of the Operations team to allow them to function in an informed way).

The member must obtain approval from either their general practitioner, midwife or obstetrician to continue as an active official which may or may not include restrictions on what they may undertake (for example, they may be approved to work single games but not double-headers or they may be approved to assess provided they are able to sit down for ten minutes in each hour).

Any advice from one of the listed health professionals that the member should not officiate during the pregnancy shall override all other considerations. The member must give the Director of Operations (via e-mail) that this approval has been given (along with any advice given or restrictions imposed) but it is not necessary to produce a letter or certificate to this effect.

This advice must be renewed on a monthly basis. The Director of Operations will keep a record of such communications and be able to demonstrate that they have taken full account of them, in collaboration with the member. This will form part of the risk assessment. The Director of Operations will agree with the member how games will be scheduled.

This may include but is not limited to:

- What position(s) the member will work (Note: under no circumstances should the member be allocated to work a position with which she is unfamiliar or not confident)
- What the maximum travelling distance to a game will be
- How frequently the member will be scheduled to work

Whether any special requirements to support the member need to be put in place. There will be no repercussions if a member has to withdraw from a game at short notice because of their pregnancy although it is incumbent upon the member to give the Director of Operations the maximum notice of withdrawal. Likewise, if a member feels unable to continue during a game they should leave the field. In either case, an assessment will need to be made if this is likely to be a one-off event or if any changes are required to the agreement regarding the scheduling of games.

Following the birth, the member and the Director of Operations will agree a programme for returning to officiating (involving the Director of Training if necessary), again taking due account of any professional clinical advice. It is normal practice for a member to start losing experience points on the Selection Committee spreadsheet if they do not officiate in more than one six-month period between Selection Committee meetings.

Recognising that there may be a post-natal period when the member is unable to officiate in addition to a pre-natal period, the experience points will be protected for an additional six-month period following pregnancy. If the member Officiating During Pregnancy is a qualified member, she will be required to sit the annual examination to retain her qualified status. If this does not happen, she will be required to sit a competency exam before she is able to actively officiate again.

Appendix

This document intends to provide guidance for BAFRA Officials. This guidance is in relation to officiating during and immediately after pregnancy. These guidelines are intended to facilitate the promotion of maternal, foetal and neonatal health. Background Pregnancy is a unique and special period.

Regular physical activity plays an important role in contributing towards the health of the mother, the unborn child and the neonate. The potential benefits of exercise during pregnancy are increasingly well evidenced and include:

- Reduction of common complaints such as fatigue and swelling
- Better sleep, less stress and anxiety during pregnancy
- Reduction in labour time and delivery complications
- May help with gestational diabetes
- Women who exercise during pregnancy are more likely to continue exercise after child birth.

However, there are potential risks to mother and unborn child when participating in British American Football that must be recognised and clearly understood by officials, the teams and medical staff.

American Football is to be classified as a contact sport as there is a risk of:

1. Contact with the ball
2. Accidental collision with a player or coaching staff
3. Contact with the ground

Tests show that certain ball strikes (from various sporting activities) can produce huge forces exceeding 650g for a few milliseconds or longer and direct contact with the ball could cause significant injury to the mother and unborn child. Forceful impact with players, and /or coaches, as well as the ground are not a normal part of officiating however such collisions are not uncommon. However, the risks are not just from a ball, and therefore, continuing to officiate during pregnancy may significantly increase the risk of injury to both the mother and unborn child.

There are also other general potential risks that need to be considered when exercising during pregnancy that are not specific to just American Football:

- Hormonal changes leading to increased joint laxity could increase injury risk
 - Increase in mother's core temperature can potentially affect the foetus
 - In theory, pregnancy may increase the risk of falling due to a shift in centre of gravity by the growing foetus
 - Compromised blood flow to the foetus in relation to exercises
 - Activities associated with the game, such as travel and exposure to more hostile environments carry risk
 - Complications of pregnancy carry additional risk for anyone exercising / playing sport
- Current Guidelines and Evidence There are several documents and guidelines for Government and UK institutions that have been produced in recent years which help summarise current evidence.

During Pregnancy based on current medical guidance and Health and Safety at work, BAFRA recommends that each pregnant individual will need to undergo a risk assessment in relation to their role.

BAFRA believes that officials who are pregnant are at particular risk and are advised that they should consult their GP or Health Care Provider before continuing to officiate. This risk is perhaps even greater after 12 weeks (i.e. towards the end of the first trimester) but the risks should be considered as soon as the pregnancy is confirmed. However, BAFRA notes that individual circumstances may vary, and complications may arise during a pregnancy (Table 1). Therefore, each person should obtain specific medical advice from their doctor (GP) during the pregnancy regarding the safety of any activities.

BAFRA based on guidance advises:

- All women without contraindication should be physically active throughout pregnancy and should be supported in accumulating at least 150 minutes of moderate intensity physical activity each week.
- High intensity exercise increases risks with recommended heart ranges / perceived exertion that individuals should try to exercise within.
- Physical activity should be accumulated over a minimum of 3 days per week; however, being active every day is encouraged.
- Pregnant women should incorporate a variety of aerobic and resistance training activities to achieve greater benefits. Adding yoga and/or gentle stretching may also be beneficial. However, there are specific exercises in the gym that may increase risk such as weight lifting, circuit training, activity that involves equipment, explosive/forceful activity, jumping and activity with high risks of falls.
- Pregnant women should seek advice before considering such activity. Pelvic floor muscle training may be performed daily to reduce the risk of urinary incontinence. Instruction on the proper technique is recommended to obtain optimal benefits.
- Pregnant women who experience light-headedness, nausea or feel unwell when they exercise flat on their back should modify their exercise position.
- Foreign travel carries additional risks with the adequacy of foreign medical facilities and expertise potentially inadequate and risks of emergency care such as blood transfusions and availability often significantly higher.
- Certain modes of conception such as IVF carry some additional risks and so players are advised to make this information available to the medical team and risk assessment process.

Risks during pregnancy besides officiating include:

- Dehydration
- Excess heat
- Altitude / Overseas travel
- Workplace heavy lifting or carrying
- Standing or sitting for long periods without adequate breaks
- Exposure to toxic substances
- Long working hours Recommendations

After pregnancy it should be noted that employment law does not permit a mother to return to their work duties (whether officiating or in any support role, including in an office-based role) for at least two weeks after giving birth. In the period immediately after pregnancy (post-partum) there is increased risk of:

- Joint instability because of ligament laxity which combined with reduced training may reduce proprioception.
- Reduced exercise capacity because of reduced training and post-partum changes such as blood loss during a delivery or low iron levels.
- The need to consider a wide variety of potential complications of the delivery and therefore a specific return program that accommodates issues such as caesarean section, raised blood pressure (eclampsia).
- Breastfeeding will also require specific attention during officiating with the importance of monitoring and maintaining hydration important. In addition, opportunities for expressing milk and specific clothing to provide support need to be considered.

Therefore, it is important to have an evaluated and appropriately graded return to activity with appropriate improvements in strength, aerobic capacity, tissue capacity and proprioception monitored. Potential complications need to be factored in, and a holistic approach should be taken.

Responsibilities of the Official

If an official finds out that she is pregnant, we strongly recommend that she liaise as soon as is practicable with her General Practitioner to get specific medical advice. It is important to discuss the potential risks involved, including whether or not the mother should continue to train and officiate during pregnancy and also to discuss return dates after pregnancy.

Any official is required to inform the Director of Operations that she is pregnant at least 15 weeks before the beginning of the week the baby is due. To assist in preparing for the official's absence. The safety of the mother and the unborn child may be jeopardised if the Operations team are not aware of her pregnancy and are therefore not able to take proactive steps to enhance the safety of the environment and the mother's care. It is therefore recommended and requested that the mother does so to inform The Director of Operations at an early stage, even if she intends to continue officiating against any advice to the contrary. In this regard, there are events in early pregnancy such as miscarriage or ectopic pregnancies or indeed foreign travel, that carry greater risk if medical staff are unaware of the mother's pregnancy.

If the mother does decide to continue Officiating while pregnant, she does so entirely at her own risk. In this respect, the mother acknowledges that there may not be medical facilities available at a match venue to treat any injury related specifically to her pregnancy, even if she has advised the club/venue of her pregnancy in advance.

If the mother chooses to continue officiating while pregnant, she will be deemed (to the greatest extent permitted by law) to have unconditionally waived any claims that she may have against the home club, the opposition club in any match, all players, all Coaches, BAFA and BAFRA as a result of any injuries suffered by the mother and the unborn child while officiating British American Football

References

- New and Expectant Mothers: Health and Safety Workplace: <http://www.hse.gov.uk/mothers/flowchart.htm>
- Canadian Guidelines for Pregnancy: Mottola MF, Davenport MH, Ruchat S-M, et al. Br J Sports Med 2018;52:1339–1346
- Pregnant Employee Rights: <https://www.gov.uk/working-when-pregnant-your-rights>
- Work and Pregnancy. NHS Guidelines : <https://www.nhs.uk/conditions/pregnancyand-baby/your-health-at-work-pregnant/>
- Guidelines for Physical Activity during Pregnancy: Comparisons From Around the World Evenson et Al Am J Lifestyle Med 2015 March 01
- Exercise and pregnancy in recreational and elite athletes: 2016 evidence summary from the IOC expert group meeting; Bø K, Artal R, Barakat R, et al. Br J Sports Med 2016;50:571–589. Table 1: Complications during Pregnancy and Contraindications to Activity (Canadian Pregnancy Guidelines)

Table 1

Absolute and Relative Contraindications to Physical Activity During Pregnancy

Absolute contraindications

- Ruptured membranes, premature labour.
- Unexplained persistent vaginal bleeding.
- Placenta praevia after 28 weeks' gestation.
- Pre-eclampsia.
- Incompetent cervix..
- Intrauterine growth restriction.

- High-order multiple pregnancy (eg, triplets)
- Uncontrolled type I diabetes,
- uncontrolled hypertension or uncontrolled thyroid disease.
- Other serious cardiovascular, respiratory or systemic disorder.

Relative contraindications

- Recurrent pregnancy loss.
- History of spontaneous preterm birth.
- Gestational hypertension.
- Symptomatic anaemia.
- Malnutrition. Eating disorder.
- Twin pregnancy after the 28th week.
- Mild/moderate cardiovascular or respiratory disease. Other significant medical conditions.

Relative contraindications