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## PLAYER PREGNANCY & PARENTAL MANAGEMENT *FIFPRO POLICY GUIDE*

### PURPOSE

**Professional footballers must be provided with a safe and inclusive working environment, including players who are pregnant or have young children.**

A pregnancy & parental management policy for professional footballers must be based on the premise that any actions that may amount to discrimination against a player because of the player's pregnancy, breastfeeding or carer status must not be tolerated (see Annex on Non-discrimination).

This policy guide recognises that each player has different needs. The players will need to be supported, and their playing and training commitments appropriately managed on the basis of their individual circumstances. This shall be done in consultation with the players and their families, their treating practitioner and the coach and healthcare professional.

The purpose of this policy is for FIFPRO to provide guidance to players, Player Associations and Player Representatives, Clubs, Football Associations (FA's), Confederations and FIFA on the support that must be offered to professional football players who are pregnant or have young children, and the contractual options and obligations.

The policy guide has been separated into two parts. The first part details the **mandatory requirements** for a Parental Policy, with fundamental, and thus compulsory elements pertaining to appropriate pregnancy, maternity leave, parental leave, and return to play. The second part details some **key recommendations** that FIFPRO believes are very important in order to ensure the protection and promotion of the players' rights and their wellbeing, relating to parental management and travel.

## MANDATORY

### 1. PREGNANCY

- 1.1. It shall be recognised that players who are pregnant may wish to continue participating in a given competition and its subsequent training environments. Federations, leagues and clubs shall be committed to providing support for a player's continued participation provided that, at all times, the health and wellbeing of the players and their unborn child is paramount.
- 1.2. The rights of pregnant players who, in consultation with independent medical professionals, choose to continue to participate in a given competition and trainings, shall be respected and supported.
- 1.3 In order to be best placed to make an informed decision on medical grounds, as soon as possible after becoming aware that they are pregnant, and on an ongoing basis throughout their pregnancy, players should obtain regular, independent medical advice which reasonably satisfies them, and their FA/club as to:
  - a. the risks associated with participating in elite football while pregnant;
  - b. taking into account their individual circumstances, whether it is safe and advisable for them to continue participating in football while pregnant; and
  - c. how their training and performance program should be reviewed or modified.
- 1.4. Players should not be required to notify their football employer/s health care professionals until such a point as they are comfortable, whilst also taking into account the safety of themselves and the unborn child. In order to minimise the risk of injury to them and their unborn child, the players may disclose all relevant health information and medical advice received from their private physician to the FA/club's health care professional. The information shall not be shared further without the express consent of the players.
- 1.5. Respecting the players' right to keep the news of their pregnancy confidential, the players and management should discuss options for the players to remain involved with the team in a safe manner until they wish to inform the remainder of the team.
- 1.6. Players who are pregnant and choose to continue to participate in a given competition are expected to maintain appropriate fitness and performance levels.
- 1.7. In the event that the players' treating practitioner determines that they are unfit to continue to provide playing and training services due to pregnancy then:
  - a) The players shall continue to be entitled to receive their ordinary remuneration and benefits in accordance with the applicable CBA and their player contract;



- b) The players shall not be required to provide playing and training services until they are deemed fit and capable to resume providing those services – this analysis shall be made among the players, their treating practitioner and the club's coach; and
- c) The players may request, or be asked by their club, to perform alternative duties, upon consultation with the players' treating practitioner and the club's management, to the extent that is reasonable and appropriate in the circumstances.

## **2. PARENTAL LEAVE**

- 2.1. Players are entitled to personal /carers leave and parental /adoption leave in accordance with the applicable legislation and, where relevant, the applicable Collective Bargaining Agreement (CBA).
- 2.2. However, pursuant to the ILO Convention 183 of 2000, a minimum maternity leave period of 14 weeks, as from the birth of the child, shall be granted. Moreover, during the maternity leave, a monthly income according to the national law, but never amounting to less than 70 % of the player's monthly wage, shall be guaranteed and the player shall have the right of reinstatement at the end of the maternity leave (return to the same position or an equivalent position once maternity leave ends, keeping the same remuneration established for the post).
- 2.3. The other parent / carer, shall have a minimum parental leave of fourteen days as from the birth of the child, provided that national law does not grant a longer period.

## **3. RETURN TO PLAY**

- 3.1. Management and the players should work on a 'return to play' post-partum plan for the players after their maternity leave, with a focus on the psychological issues and physiological changes to the players' body and the necessity to always ensure their safety, as the first priority. Medical support shall be sought to assist with this.
- 3.2. Consequent to this, the team management should work with the players and the wider team to assist with the integration of the players back into the team, through to their return to full play.
- 3.3. Suitable facilities shall be made available at the training/competition premises to allow players with an infant to breastfeed or express breast milk. Moreover, appropriate time shall be given to the player to breastfeed or express breast milk. As a minimum, the players shall have 30 minutes every 3 hours to do this at least until the baby is 9 months old. Afterwards, and if still necessary, longer intervals may apply.
- 3.4. If the employment contract expires either during the pregnancy, maternity leave, or within 180 days of the return of the player to the club (after the end of the maternity leave), the contract shall be automatically extended at least until the transfer window succeeding the mentioned 180 days.

## RECOMMENDATIONS

### 4. PARENTAL MANAGEMENT AND TRAVEL

- 4.1. A supportive environment should be provided to any player who has a responsibility for the care of an infant, meaning:
- a) child who is less than 12 months old at the commencement of the relevant season; or
  - b) any older child who is being breastfed by the player.
- 4.2. Subject to availability and an individual request from the player, the FA/club shall use its best endeavours to:
- a) arrange for the support person and the infant to travel on the same flight as the player; and
  - b) arrange for the support person and the infant to be accommodated in the same hotel as the player.
- 4.3. The players may elect to be accommodated in the same hotel room as their support person and the infant or to sleep in the standard team accommodation.
- 4.4. The players are required to travel with the team at all times, unless approved by FA/club management.
- 4.5. The players' support person and infant may attend team activities or commitments, including meals, training and meetings provided this is agreed in advance with FA/club management.
- 4.6. While travelling, the players shall ensure that they are able to attend all team commitments and activities in the lead up to a game and otherwise perform their obligations in accordance with their player contract and the applicable CBA.
- 4.7. The players shall notify the FA/club between one (1) and four (4) weeks in advance if travel is required for an infant and a support person.
- 4.8. Any player who has a responsibility for the care of an infant who is required to travel for games, may travel with that infant, provided that a support person (e.g. partner, parent, nanny etc.) travels with the athlete and infant to assist in the care and supervision of the infant.
- 4.9. FA/club shall cover reasonable flights, accommodation and associated costs for a player's support person and infant to travel with them.
- 4.10. Transport to and from the airport for the support person and the infant and to and from games should be arranged by the FA/club.
- 4.11. The FA/club shall apply this policy in a flexible manner, to take account of individual circumstances.



## NON-DISCRIMINATION: PREGNANCY & PARENTAL POLICY

FIFPRO, in line with the ILO Convention number 183 from 2000, maintains that any employment discrimination must not be tolerated. This means no player shall be discriminated against on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to provide breast milk for a nursing child. Furthermore, FA/clubs must assume obligations to pregnant or lactating players and the protections these players are entitled to receive. FA's/clubs may not treat players less favorably based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant players.

### Pregnancy Disclosure Requirements Discouraged

The FIFPRO Policy Guide discourages FA/clubs from requiring that players waive their rights to medical privacy or disclose existing medical conditions, and discourages disclosure requirements for pregnancy for several reasons.

- *First, the pregnancy may be timed so as not to impact the player's ability to perform athletically, making the disclosure unnecessarily intrusive.*
- *Second, ten to fifteen percent of all pregnancies spontaneously miscarry for no explainable reason in the first trimester.*
- *Third, the pregnant player may have choices regarding the pregnancy; she may decide to terminate the pregnancy or she may decide to carry the pregnancy to term. The player often needs time and space to sort through the emotional issues and life-long decisions about the pregnancy, time that is typically medically safe to take while continuing to participate in football. A disclosure requirement is more likely to pressure the player to make a rushed decision about the pregnancy.*

Ideally, the supportive environment envisioned under the Policy Guide shall enable players to seek out medical and emotional help as needed rather than due to a compulsory or inflexible disclosure requirements.

### Pregnancy Status and Privacy

When a player discloses the pregnancy to the team physician, the Policy Guide supports the decision to keep that information confidential as long as it is medically safe to do so. The ethical dilemma for professional healthcare providers, including team physicians and certified team trainers, is to simultaneously protect the health of the player, her pregnancy and her privacy. Optimally, every health care provider can meet both ethical requirements concurrently with appropriate health interventions in a private setting. However, imperfections must be acknowledged; some players will try to conceal their pregnancy inappropriately or try to exercise more strenuously than is medically sound. Some health care providers will gossip or use trumped up medical justifications to exclude her from team participation. However, a policy that puts the player in control of revealing her pregnancy status will enable her to make better decisions about her pregnancy and make it less likely she will hide it unnecessarily.