MSF CH Staff Health Policy

Pregnancy during Field Assignments

Vision

This policy is intended to provide the principles to guide the decision for accepting pregnant international staff for field assignments in missions – expatriates and HQ personnel during field visits. The main objective is to protect the pregnant employee and respect her choices, within the possibilities offered by the organization and the mission country. Additionally, this paper will also address contraception in mission and the management of termination of pregnancies.

Values and Principles

Generally pregnant women are discouraged from going or staying in mission field due to the inherent risks in most of the contexts where MSF works. Pregnancies without added risk demand appropriate follow up or safe termination if that's the wish. Complications in pregnancy (malaria, infection, haemorrhage) may have important negative results on the health of the foetus and/or mother and may need specific care. Women who are pregnant before departing **must inform MSF medical consultants in charge of determining the fitness to work and their medical doctor of their status** to decide on the appropriateness of the mission. They must follow the organisation's guideline ("Expat health in the field") to determine the general aptitude to work in mission and this policy to determine the fitness to work while pregnant.

Headquarter employees **must inform the Staff Health Unit about the pregnancy status,** otherwise the responsibility for unnecessary risks will rely upon the individual, and there's the **possibility of an early return if local conditions are not favourable.**

Women who fall pregnant whilst on mission are equally strongly encouraged to notify the medical coordinator and/ or staff health unit immediately to discuss the **suitability of staying on mission** considering the below factors. If environmental or working conditions are not favourable, an early return from the field will be organised.

Medical Aptitude

The health assessment is done primary by the **employee's own physician in charge of the antenatal care, or if in mission, the validated structure for this purpose**. The criteria to consider an acceptable structure to make the primary assessment of the pregnant employee are the ability to offer careful anamnesis, physical examination and first ultrasound, and the following exams:

- estimated date of delivery
- blood type and Rh status
- red cell count
- UTI testing
- immunity testing for: varicella, rubella, HepB, syphilis, chlamydia
- HIV testing (highly recommended)

The mission environment, including specific health hazards and availability of proper medical facilities, together with the assessment of the tasks the employee should perform during mission are taken into account in the risk estimation.

Women with complicated pregnancies will not be allowed to carry on field assignments, meaning in practice that they will not be allowed to go to the field or will be evacuated from the mission if already there. Those include:

- maternal age >40 years
- multifetal pregnancy
- ectopic pregnancy
- threatened abortion
- placental or cervical abnormality
- foetal abnormalities
- risk of premature labour
- toxaemia (past or present)
- coagulopathies
- cardiovascular conditions
- other unstable health conditions (e.g. severe asthma exacerbation during pregnancy)

Appropriate field environment

Some missions may be considered suitable for pregnant women who are individually evaluated according to **the stage of the pregnancy, the duration and place of the assignment and the choice of place of delivery** (in mission or elsewhere). First and third trimesters present a higher risk for abortions and premature labour or foetal death.

Field assignments are excluded in the following cases:

- emergency missions because they generally comprises intense working hours, poor living conditions and high physical and psychological demands.
- missions with TB component are not suitable for employees in direct contact with the patient because treatment is complicated by drug contra-indications during pregnancy.

The conditions below must be respected:

- availability of safe blood transfusion at a maximum of 4h far from the assigned location of work

- quality pre-natal consultations with possibility of ultrasound for assignments lasting more than 1 month
- quality intensive care unit, obstetrical and neonatal care and 24h surgical room available for assignments comprising the third trimester
- quality post-natal and paediatric consultations in the case the choice of delivery is in the field

A medical facility must be previously validated by the MedCo to include appropriate staff, equipment and quality control of laboratory testing to meet above standards.

Accordingly, the following features of the field environment are also to be considered:

- capitals are usually safer than rural areas – less movements if no need of constant visits to projects, better health structures
- long trips on bad roads are not suitable for pregnant women

The information on the field conditions and job tasks of the pregnant employee are given to the physician responsible for the antenatal care of the employee by the organisation.

Risk mitigation

All medication, including vitamin supplementation, should be prescribed for the whole duration of the field assignment, with an appropriate buffer stock. A letter for customs regarding personal medications should be always in hand.

Normal pre-natal vaccinations are performed, as well as those according to the risk in the specific mission country if no contra-indication of usage during pregnancy.

A discussion about measures to prevent deep venous thrombosis during long trips should take place during consultations.

Mefloquine is still the only recommended chemoprophylaxis regimen for prevention of malaria and can be used during all trimesters – there's still insufficient safety data to recommend Atovaquone-Proguanil and Doxycycline is contra-indicated in pregnancy. **All pregnant staff in endemic zones must take the prophylaxis unless medical contra-indication.**

The employee must carry at all times a certificate of pregnancy with the estimated date of delivery and the physician's contact.

For advanced pregnancies, airline and cruise line policies should be checked for the farthest limit of gestational age allowed on board – **MSF will contra-indicate travelling after 34 weeks.**

The maternity leave is of 16 weeks total, and at least 2 weeks before the expected date of delivery for employees under Swiss contract, unless their country of contract has a rule that is more beneficial to the employee. The leaves do not extent beyond the

original end of contract date. **The possibility to return to work after this period must be discussed case-by-case with the Medical Coordinator and the Staff Health Unit** – if conditions are not present and the adaptation is not possible, indemnities will be paid until the normal end of the contract date.

Contraception

Discussions about safe sexual behaviour and contraceptive methods should occur during the pre-departure consultation. International staff is advised to bring the contraception of choice for the duration of the mission – if not possible, the staff health coordination in HQ should be informed when the personal stock of medication not available in the mission is about to rupture so an extra amount can be sent from headquarters. To avoid STDs **condoms are highly recommended (which should be amply available in all residences).**

For the case of accidents, **emergency contraception is also available with the staff health focal person of the project/coordination (MFP/MedCo)**, as part as the post-exposure prophylactic kit – PEP guidelines must be followed accordingly and confidentiality respected to the maximum.

Termination of pregnancy

In case of unwanted pregnancies the wish of the person to carry it on or for the termination must be well solved, and as how to proceed. Abortion is a highly personal decision and possibly a traumatic experience. **All cases must be notified to the staff health unit, so as the psychological support offered** - but due to local capacity, it may be possible only the option of distance communication with a specialist.

T**ermination of pregnancy is not recommended to be performed in the field, but the choice is left to the expatriate only if it is safe to practice it in the mission.** The expatriate must be informed that confidentiality will be respected, but cannot be guaranteed. The Medical Coordinator will determine if the mission is in condition to offer safe termination of pregnancy, in consultation with the staff health coordination, considering the medical aspects of the procedure and possible security constraints over cultural and legal local conditions. **If decision is made to proceed for an abortion elsewhere, or if it's not clear, repatriation is organised.**

The country of destiny is preferably the residence of the employee, or wherever safe abortion is possible and natural support networks is available; otherwise, Geneva is an option, followed closely by the staff health unit.

Bibliography

CDC Yellow Book, chapter 8: Advising travellers with specific needs – Pregnant Travellers. (http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-8-advising-travelers-with-specific-needs/pregnant-travelers)

UptoDate (http://www.uptodate.com) - Initial prenatal assessment and first trimester prenatal care, Prevention of malaria infection in travellers.