

Working Offshore Whilst Pregnant

We spoke to mum of two Caroline Lawford about her experience of working offshore whilst pregnant.

For most women, discovering you are pregnant throws up a multitude of emotions, but anxiety about your job shouldn't be one of them. Offshore roles are not always compatible with pregnancy, but companies may prevent a 'leaky pipeline' and achieve greater gender balance offshore by being clearer in the options available to women if they become pregnant.

Just over four years ago, pregnant with my first child, I was waiting to see the company doctor to discuss the possibility of going offshore.

I was slightly apprehensive having never heard of any pregnant women working offshore. In fact, the tales I had heard related to women being medevac'd onshore as soon as a test proved they were expecting. But this trip was important, and I wanted to explore the possibility of going.

To my relief, the company doctor's response was simple: 'Ok, let's do a risk assessment.' Within the decision-making framework, the doctor helped me to fully understand the potential risks involved in going offshore whilst pregnant, using information from my midwife on my specific pregnancy.

This was directly in line with the Oil and Gas UK Medical Advisory Committee (Ref 1) who set out guidelines (with the understanding that pregnancy is not a medical condition but is a normal physiological state) to consider any additional medical risks faced by the pregnant employee in an offshore environment.

They state, any employee who wishes to work offshore while pregnant should undergo a risk assessment and understand the significance of the findings. Factors to be considered during this risk assessment may include previous obstetric history, relevant medical conditions, the nature of the work and ability to evacuate safely in emergency situations. A pregnant employee may be considered for working offshore if the risk assessment by the physician is low and the employee understands and accepts the additional risks entailed in working offshore while pregnant.

Once I had decided to go ahead with my offshore trip, the company doctor communicated the relevant information to the offshore medic. On arrival at the installation, the medic quietly asked if I could find time for a chat that afternoon. It was a simple check-in with me to ensure I was still feeling well after the journey and to encourage me to seek him out if I had any medical concerns at all.

After the onshore assessment and the offshore welcome, I felt supported and comfortable with being offshore whilst pregnant. Able to focus on staying safe and doing my job, without any anxiety or uncertainty distracting me.

At this point, I want to be really clear; writing about working offshore whilst pregnant doesn't mean that I think everyone who is pregnant should continue to work offshore. Every woman, pregnancy and job offshore is different, all of these aspects need to be taken into consideration and the woman supported whilst she makes her choice. The Oil and Gas UK Medical Advisory Committee risk-based approach recognises and considers these differences and their wording implicitly indicates that on identification of a low risk, it's the expectant mother who decides when she's comfortable to (temporarily) hang up her hard-hat.

In comparison, the International Maritime Organisation (Ref 2) advise that the normal date for the cessation of work for expectant mothers employed at sea is 24 weeks gestation. The UK Maritime & Coastguard Agency also quote this timescale (Ref 3) although they do emphasise that the situation should also be risked assessed.

Having spoken to a number of people on this topic, it appears that the risk-based approach is not widely known outside of medical personnel circles. I believe this is down to operators medevac'ing expectant mothers off the platform when the pregnancy is identified offshore and hasn't been risk assessed. This activity with its drama and subsequent need to backfill the role at the last minute is headline hitting stuff within the gossip channels of the industry. In comparison, a low-key risk assessment and an expectant mother getting on with her job are unlikely to attract attention.

I also reflected on the comparative luxury I had with the timing of my trip offshore, being based full time in the office and having already had my NHS 12-week scan. For women based full time offshore, being able to reach out to the appropriate medical support during the early stages of their pregnancy to make the necessary, informed, decision about whether to continue to work offshore will be key, especially as NHS midwife appointments are rarely given before 10 weeks of gestation.

We know it's important to have a diverse workforce and leadership team, but gender diversity offshore is lacking (Ref 4). The leaky pipeline refers to the way women start to leave certain careers before they reach the top of the industry, and if women decide to leave offshore roles when they start **thinking** about having a family, potentially years before they **actually** have a family, then the industry will struggle to address diversity in the offshore community. There's work to be done here in communicating with women working offshore how they will be supported through pregnancy and early stages of motherhood to stop the leaks from the pipeline, creating a higher chance of them wanting to return to the offshore environment after maternity.

Below are some suggestions for companies to implement to support expectant mothers:

- Make sure your maternity policy relates specifically to offshore roles as well as onshore. Refer to the Oil and Gas UK Medical Advisory Committee (Ref 1) risk assessment process if that is what your company follows.
- Outline in the maternity policy what an offshore worker can expect when they temporarily stop working offshore, such as an alternative onshore role. Outline how the situation will be assessed, planned, and communicated.
- Consider making clear how direct contact with the topsides/company doctor can be made so pregnant workers can contact them for advice and a risk assessment ahead of their NHS appointments.
- Discuss with your medical support teams whether making private scans available for pregnant workers ahead of the NHS scan would be appropriate, for instance to rule out ectopic pregnancy risk.
- Outline the steps that will be taken and the regular communication that will be required to continually monitor and reassess the risks involved in offshore working as the pregnancy progresses.

Communication is key, ensuring women are aware of the potential choices available to them and clearly communicating the support they will receive, may help encourage more women to prolong their rewarding and exciting offshore careers and improve chances of

return-to-work offshore after starting a family. Improving offshore inclusion at this important life stage will help to improve offshore diversity in years to come.

Ref 1: <https://oilandgasuk.co.uk/ukooa-publishes-medical-guidelines-for-working-offshore/>

Ref 2: https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/normativeinstrument/wcms_174794.pdf

Ref 3:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561981/MGN 522 New and expectant mothers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561981/MGN_522_New_and_expectant_mothers.pdf)

Ref 4: <https://oilandgasuk.co.uk/product/workforce-report/>