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Statutory Right to Paid Time-off for  
Ante-Natal Care.

SOCIAL SERVICES

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March 1980

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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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Telephone 01-210 3000

From the Secretary of State for ~~Social Services~~ Health

Ms Caroline Slocock  
Private Secretary  
10 Downing Street  
London  
SW1A 5AA

| September 1989

*Dear Caroline.*

BBC WATCHDOG PROGRAMME ON ANTI-NATAL  
SCREENING ON MONDAY 4 SEPTEMBER

I thought you would like to be aware that the Toxoplasmosis Trust is to hold a demonstration in Downing Street on Monday afternoon to draw attention to the television programme. I enclose a brief which comprises a line to take on why the NHS does not screen expectant mothers for toxoplasmosis and cytomegalovirus, together with a more detailed background note. The line to take has been given to the BBC programme producer.

*Yours sincerely,*

*Helen Shirley-Quirk*

MRS HELEN SHIRLEY-QUIRK  
Private Secretary

## ANNEX A

## DRAFT STATEMENT ON ANTENATAL SCREENING FOR WATCHDOG

"For any screening programme the benefits conferred by screening must clearly outweigh any risks, such as diagnosing a fetus as infected, or likely to be seriously handicapped, when it is not. At present, the information available about congenital toxoplasmosis is insufficient to allow a judgement to be reached on the balance of risks and benefits from screening for this condition in pregnancy. Studies are in progress or are planned which will provide some of the information which is required. For cytomegalovirus infection studies of the pattern of the disease in relation to pregnancy suggest that screening is not appropriate, since there is no drug treatment available and the risk that an infected mother will have a seriously handicapped baby is low."

## ANNEX B

### SCREENING FOR TOXOPLASMOSIS IN PREGNANCY

1. Toxoplasma is a parasite. It is present in cat faeces and can be acquired by handling cat litter. It gets into meat when cattle, sheep, pigs etc feed on material contaminated with cat faeces. Humans can become infected through eating undercooked meat.
2. Infection of the mother in pregnancy can cause fetal infection. A small proportion of infected fetuses are very severely damaged and are either stillborn or are brain-damaged and sometimes blind at birth. More often, the affected baby appears normal at birth and classical damage to the retina of the eye, leading to blindness, may only become apparent many years later.
3. We do not know how many severely affected infants are born each year in this country. There is no systematic reporting system for this condition. Such information as is available suggests that the numbers are very small. In 1988, the 3 Toxoplasma Reference Laboratories knew of 13 cases.
4. Since babies who appear normal at birth are not diagnosed as being infected, we do not know how many infected fetuses develop late manifestations of the disease. Some 300 cases a year of people with 'classical' eye signs and evidence of past toxoplasma infection are reported to the Communicable Disease Surveillance Centre by the Toxoplasma Reference Laboratories. Many such cases are likely to go unreported.
5. A recent study by the Public Health Laboratory in Swansea found the incidence of maternal infection was 2/1000 women. If this rate applied nationally, some 1200 women would become infected in pregnancy.
6. We do not know the proportion of infected women who will transmit infection to their fetuses. French data indicate that 40% will do so and that 7% of those fetuses infected will have severe disease. On the basis of the French figures we would expect a total of 480 babies infected annually of which 34 would be severely affected at birth.

But the observed number of cases (13) is far fewer than the number expected (34) if the French transmission rates apply. This urgently needs investigating to see if cases are being missed. Within the next few months, all paediatricians in the country will be involved in a special reporting scheme with monthly reminders to stimulate them to report cases of congenital toxoplasmosis.

Why not introduce a screening programme now?

8. The test developed by Swansea PHLS (and similar tests available commercially) are very good at detecting maternal infection. However, they are not 100% specific - that is to say, they may diagnose a mother as being infected when she is not. If the true rate of infection in mothers is 2 per 1000 women, and if a test is used which is 99% sensitive and 99% specific (ie a very good test), the probability that a woman with a positive test is truly positive (infected) is only 17%. So for every 100,000 women screened with this test, 198 will be correctly diagnosed as infected, 2 who are infected will be missed and 998 will be wrongly diagnosed as infected when they are not.

9. The next step in a screening programme when the woman tests positive for infection with toxoplasma would be to counsel her about risks to her fetus (about which there is insufficient information - see above) and to offer to test the fetus for infection. This is done either by amniocentesis or by taking a sample of blood from the umbilical cord through the wall of the uterus. Both procedures carry not insignificant risks of fetal loss (0.5-1%) in the best hands.

10. If the fetus is found to be infected the mother may be offered the option of therapeutic abortion (if early enough in pregnancy) or treatment with one of 2 drug regimes, one of which is more efficacious but carries risks to the fetus so cannot be used in early pregnancy just when the infection is most likely to damage severely the developing fetus. The efficacy of the other drug (spiramycin) is not known although the French claim it may be of the order of 50%.

11. An ad hoc group of experts, chaired by a Senior Principal Medical Officer was called together by DoH on 13 March 1989 to review the position on screening for toxoplasmosis in pregnancy in this country.

12. The experts were agreed that there was insufficient information available on virtually all aspects of the epidemiology and natural history of the disease in this country and on the safety, efficacy and acceptability of interventions aimed at preventing the birth of congenitally affected babies.

13. They endorsed the need for improved paediatric surveillance for severely affected babies (see para 7) and the need for a serological study of neonates to determine the incidence of neonatal infection.



## SCREENING FOR CYTOMEGALOVIRUS INFECTION IN PREGNANCY

1. Cytomegalovirus (CMV) infection is very common. Most infected adults and children experience no symptoms or at most a very mild febrile illness. Sero-epidemiologic surveys of CMV have shown that in Western countries such as the UK, Europe and North America the prevalence of antibody in adults is 30% to 50%. Infection can be spread by the respiratory route and probably other routes as well.

2. Research suggests that some 1% of pregnant women without antibodies become newly infected with CMV and that 0.3% to 0.4% of all newborn infants have congenital CMV infection. However severe disease occurs in some 10% of those babies. There are around between 200 and 300 seriously handicapped babies born each year in England and Wales. The most important long term handicaps are mental retardation and sensori-neural deafness. Re-activation of latent infection appears to occur in pregnancy in some women who are known to have immunity to CMV: fetal infection can follow but there is evidence that serious damage may be less common.

3. There is no effective drug treatment.

Why not introduce a screening programme now?

4. The main reasons why CMV screening is not currently offered in pregnancy is that even if evidence of primary infection were obtained there is (a) no way of preventing the fetus becoming infected or of curing the infection and (b) a low risk that an infected mother will have a seriously handicapped baby. In such circumstances doctors would not generally offer termination of pregnancy solely on grounds of fetal handicap because the requirement of the 1967 Abortion Act is that there should be substantial risk of serious handicap. Moreover, some congenital infections occur in the later weeks of pregnancy when termination is not an option.

5. Before pregnancy screening would be considered by most doctors to be worthwhile in the absence of effective drug treatment, there would need to be ways of deciding which infected mothers have seriously handicapped fetuses.

6. Studies continue to provide more detail of the epidemiology of congenital CMV infection but have already given information which suggests pregnancy screening would be inappropriate at present.



✓ MAP  
Social  
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From the Secretary of State for Social Services

The Rt Hon James Prior MP  
Secretary of State for Employment  
Caxton House  
Tothill Street  
London SW1

14 March 1980

Dear Jim,

STATUTORY RIGHT TO PAID TIME OFF FOR ANTE-NATAL CARE

Many thanks for copying to me your letter of 10 March to Keith Joseph.

When I gave evidence to the Select Committee on Social Services on 20 February I was asked for my views on the question of giving women statutory time off work to attend an ante-natal clinic, and replied that this was a matter not for me but for you. I assured the Committee, however, that if you supported the idea, I in turn would support you; and this I readily do.

I agree with you that this is a right which we would expect all reasonable and humane employers to have conceded long since; so that conferring a statutory right will affect only the minority who have yet to see the light. I see a good deal of force in the TUC's contention that unskilled women workers are among those statistically most at risk of perinatal mortality or handicap, and whom we therefore particularly need to encourage in early and regular ante-natal care; and it is just these women (particularly those working in smaller firms) who perhaps at present stand the greatest chance of finding their employer unhelpful in this regard.

I am sure we are both aware that, in the whole matter of statutory provision for working women in pregnancy, United Kingdom legislation falls well short of most other EEC countries, so the modest constructive measure which you are proposing is additionally welcome as tending to redress the balance.

I would only offer two small cautionary comments which my officials have already put to yours. First, I hope it will not be thought necessary to call for any new form of medical certification: we have trouble enough persuading doctors to continue signing the certificates already required of them! I am sure we can find a way round this without much difficulty.

Second, I think your estimate of four visits or so being required whilst the woman is still at work is perhaps a little on the low side. We would hope that the woman would report her pregnancy to her doctor by the 8th to 10th week, and would then attend for ante-natal care every four weeks up to the 28th week, and fortnightly thereafter. This might give an average of six visits within the

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terms of the proposed legislation, assuming that she gave up work about the 30th week. But I do not think that time off for this purpose on this scale could be considered an unreasonable imposition by any employer.

I hope that this response, and that of our other colleagues, will encourage you to proceed with tabling the proposed amendment to the Employment Bill in Committee.

I am copying this letter to the Prime Minister, to Keith Joseph, and to our other colleagues on E(EA) and Sir Robert Armstrong.

Yours ever  
Patrice

Joe. Service



10 DOWNING STREET

Told Employment  
that PM would be  
inclined to support,  
but that we would  
not write round  
unless opposition  
appears from elsewhere.

na

MA 14/3

PRIME MINISTER

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Mr Plevin proposes a Govt amendment to the Employment Bill, providing a statutory right to paid time off for



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The Rt Hon Sir Keith Joseph Bt MP  
Secretary of State for Industry  
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ante-natal care. It would meet all-party concern, and would help to balance proposed changes in existing maternity provision.

10 March 1980

MP  
10/3

Approved  
no

Dear Sir

#### STATUTORY RIGHT TO PAID TIME OFF FOR ANTE-NATAL CARE

There has been growing pressure for legislation to protect the interests of pregnant women in employment who have to attend ante-natal clinics. The Select Committee for Social Services has been looking into the question of perinatal and neonatal mortality, and their enquiry has sparked off considerable public interest in the question.

The Committee have asked for my Department's view on the possibility of introducing a statutory right for women to take time off. And the Opposition have now tabled an amendment to the Employment Bill to this effect (New Clause 11).

There is no doubt that the evidence suggests that early and regular ante-natal care is one of the factors tending to reduce the risk of perinatal deaths or handicap. In their written evidence to the Committee, the TUC argued that a statutory right to time off for this purpose should be written into the legislation. I quote from their evidence:

"The TUC is aware of a large number of collective agreements which unions have negotiated with employers effectively containing such or similar provisions. Although no comprehensive data exists on the numbers and coverage of such collective agreements, it is the TUC's impression that they tend to be more common among white collar and professional staff, particularly in the public services. Agreements do exist for manual staff; but again these are concentrated particularly in the public services and the larger private companies where union organisation is strong and well established. The impression gained is that those workers not covered by collective guaranteeing paid time off to attend ante-natal services tend to



be unskilled workers in smaller private sector companies, probably with weak or no union organisation. Such workers are, of course, precisely those women who have been statistically identified as most at risk of perinatal mortality or handicap".

I am impressed by this evidence. I am sure that, apart from those organisations where collective agreements already operate, the vast majority of employers act properly and allow their female employees reasonable time off to attend ante-natal clinics. But it is in those cases where employers are unhelpful, and also where the employees are in need of more protection, that I believe that we are justified in legislating.

The CBI have also been invited to give evidence to the Social Services Committee. They have yet to submit it; but I understand that they favour voluntary provision for paid time off for ante-natal care. They appreciate in principle what the proponents of legislation wish to achieve, but they would first like to see much clearer statistical evidence of the need for it. I have some sympathy for the view that arrangements for time off in these cases should as far as possible be reached on a voluntary basis. But I think that the position should be underpinned by legislation providing for a statutory right, which can be relied upon if it is needed. In practice all good employers will already make suitable provision for their female staff, and they will therefore have nothing to worry about if a statutory obligation were to be imposed. In practice the burden on employers is likely to be minimal - particularly as we are talking about only a few visits (4 or so) whilst the woman is still at work.

The All Party Disablement Group held a meeting on 6 March to discuss amendments to the Employment Bill to provide for a statutory right for time off in these cases, and those present lent support to the amendment which has been tabled by the Opposition. I know that members on our side of the Committee are sympathetic, and we should find it difficult to oppose it outright.

Quite apart from the merits of the case, it would be tactically wise if the Government were to table its own amendment which could be considered by the Committee. This would be a helpful gesture to the women's organisations at a time when we are under considerable criticism for amending the existing maternity provisions. It would also help to rebut the view that the only changes which we are making to the employment protection legislation are designed to help employers, and that we have no concern for the employees.

If we are to derive any benefit from this initiative, I should need to table an amendment to the Employment Bill in Committee by 14

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March. Subject to any comments which I receive from you and colleagues before then, I propose to proceed in this way.

I am copying this letter to the Prime Minister and our other colleagues on E(EA), and to Sir Robert Armstrong.

*Yours  
all  
[Signature]*



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