AUBURN UNIVERSITY FETAL RISK POLICY

The University recognizes that decisions about the welfare of future children must be left to the parents who conceive, bear, support and raise them rather than to employers who hire those parents or institutions who educate them. Areas within the University should pose no threat to occupants, male or female, so that consideration of fetal risk should be, for the most part, unnecessary. There are, however, certain risks associated with higher education and research which are unavoidable, possibly not even known. Such risks may extend from possible chemical exposure in laboratories to physical injury inflicted perhaps by animals. While the effects of these risks may be acceptable to adult individuals, they may pose serious threats to developing fetuses ranging from potentially crippling to fatal. The desire to reduce the risk of fetal injury, and the associated suffering and grief it brings to the family, is the reason that the University has established this Policy concerning Fetal Risk.

Since the fetus is most vulnerable early in its development, it is essential for the student or employee to notify their advisor or supervisor of a pregnancy (or the anticipation of a pregnancy) so that a review of the individual’s planned activities for the term of the pregnancy can be conducted to determine if any potentially hazardous exposures are anticipated. Risk Management & Safety (RMS) will provide hazard information on physical, chemical and biological aspects. All planned activities and related hazard information will be provided in writing to the individual for review by her own personal physician, if she has a physician.

The University recognizes that the decision whether to consult a physician is left to the individual. However, the University strongly recommends that a physician be consulted. This policy is written under the assumption that most individuals will have a physician. If she has no physician, then any decisions as to how to proceed are left to the individual.

After reviewing the potential exposure information and the hazards associated with these exposures, the physician may wish to contact the individual’s supervisor or advisor, or RMS for additional information. Based upon the information provided, the physician is expected to discuss the advisability of and make recommendations for participating in the anticipated activities with the patient. If there is a consensus between the doctor and the pregnant individual, that no harm to the fetus is likely to result from these activities, the individual can elect to continue in the activity.

Should the individual, after consulting with her physician, decide against such participation then the options are as follows:

• In the case of a student, she has the option of sitting out of school for the term of the pregnancy or selecting other activities within her curriculum which are acceptable to her and her physician. No loss of status (within the control of the University) will result from this absence from school.

• For an employee (faculty and staff), the supervisor will provide alternative employment for the term of the pregnancy which minimizes hazards to the fetus and is acceptable to
the employee and her physician. No loss of status, or reduction of pay or benefits will be associated with this reassignment. Upon returning to work following maternity leave the individual will be reassigned to her former position (unless unusual medical conditions, supported by her physician exist which might preclude such an assignment). Unusual circumstances will be handled similar to any other work-restricting conditions. Both the individual and her physician must agree that the reassignment will not introduce new conditions which might cause harm to the fetus. If concern exists, it should be brought to the attention of the supervisor so that other, more acceptable arrangements can be made. The physician and the supervisor may communicate, if the patient consents, to assure that reassignments made are acceptable, posing no serious threats to the developing fetus.

If an individual who is pregnant feels that she is not being given the reasonable consideration described above, then the matter should be brought to the attention of:

• In the case of students, Auburn University Medical Clinic;
• In the case of staff employees, Human Resources; or
• In the case of faculty, the appropriate Department Head or Dean.

Because there is still so much to be learned about effective fetal protection, the University assumes the very conservative position that it is in everyone’s best interest to not take chances with human life under these circumstances. The well-being of students, employees and their offspring is the primary motivation which drives this Program. It is hoped that all individuals involved will understand and accept the position the University has taken, fully support the program, and act and respond accordingly.

All Individuals, whether they continue to participate in the original activity or choose an alternative activity will be counseled as to the potential hazards to the fetus. They will be asked to acknowledge that Auburn University has provided the hazard counseling and that they are exercising their responsibility as parents in deciding the best course of action for the family and for the fetus. If they refuse to sign such an acknowledgment, the person conducting the counseling will note that fact on the acknowledgment form and have a witness also sign the form acknowledging that the parents were counseled.
EXAMPLE #1: NO RISK EXISTS, INDIVIDUAL CONTINUES ORIGINAL ACTIVITY

ACKNOWLEDGMENT OF FETAL PROTECTION COUNSELING

I, ____________________________________ (MOTHER) and
I _____________________________________ (FATHER)
acknowledge that ____________________________ , a representative of Auburn University (AUBURN), has counseled us on the possible risks to the fetus presented by the hazards associated with the continuation of the MOTHER in her present course of study/employment. As parents (potential parents) we the MOTHER and the FATHER recognize that the decision as to what is good for the family and the well being of the fetus is our responsibility and not that of AUBURN’S. Having been counseled as to the possible risks, we both have determined that any risk that exists is acceptable and have voluntarily decided to pursue the present course of study/employment and therefore assume the risk associated with that activity.

___________________________________  
MOTHER/DATE  
FATHER/DATE

___________________________________  
AUBURN/DATE  
WITNESS/DATE
EXAMPLE #2: RISK EXISTS, INDIVIDUAL REFUSES TO ACCEPT ALTERNATIVES

ACKNOWLEDGMENT OF FETAL PROTECTION COUNSELING

I, ______________________________________ (MOTHER) and
I, ______________________________________ (FATHER)
acknowledge that ____________________________________, a representative of AUBURN UNIVERSITY (AUBURN), has counseled us on the possible risks to the fetus presented by the hazards associated with the continuation of the MOTHER in her present course of study/employment. As parents (potential parents) we the MOTHER and the FATHER recognize that the decision as to what is good for the family and the well being of the fetus is our responsibility and not that of AUBURN’S. We recognize that AUBURN has offered an alternative for the MOTHER other than her continuation in her present (or anticipated) activities and that this alternative would result in no loss of status (for students) or pay and benefits (for employees), and includes immediate reassignment back to the former status after the return of the MOTHER from maternity leave. However, we both have voluntarily chosen to not accept the alternative temporary assignment and assume the risk associated with continuation in the present course of study/employment.

___________________________________
MOTHER/DATE
FATHER/DATE

___________________________________
AUBURN/DATE
WITNESS/DATE
EXAMPLE #3: RISK EXITS, INDIVIDUAL ACCEPTS ALTERNATIVE ACTIVITY

ACKNOWLEDGMENT OF FETAL PROTECTION COUNSELING

I, ____________________________ (MOTHER) and
I, ____________________________ (FATHER) acknowledge that ____________________________, a representative of Auburn University (AUBURN), has counseled us on the possible risks to the fetus presented by the hazards associated with the continuation of the MOTHER in her present course of study/employment. As parents (potential parents) we the MOTHER and the FATHER recognize that the decision as to what is good for the family and the well being of the fetus is our responsibility and not that of AUBURN’S. We recognize that AUBURN has offered an alternative for the MOTHER other than her continuation in her present (or anticipated) activities and that this alternative would result in no loss of status (for students) or pay and benefits (for employees), and includes immediate reassignment back to the former status after the return of the MOTHER from maternity leave. We both have determined that the risk associated with the present course of study/employment is unacceptable, and have voluntarily decided to pursue the alternative activity and therefore assume the risk associated with the alternative activity.

___________________________________
MOTHER/DATE
FATHER/DATE

___________________________________
AUBURN/DATE
WITNESS/DATE