

# Student Pregnancy, Parenthood and Family Care Policy

## Purpose

The bpf is committed to providing excellence in teaching and a positive learning experience to our students. We understand that a student, or their partner, who is pregnant or in the process of adopting, may find that this affects their training pathway, ability to study or meet their course requirements.

The bpf provide a supportive and individual approach to students who are or become pregnant; or experience miscarriage, still birth or neo-natal death as well as students who are welcoming new children into their families through pregnancy, adoption and fostering. The Student Pregnancy, Parenthood and Family Care Policy sets out our procedure and considerations for students to help them manage their training journey during this time.

## Scope

This Student Pregnancy, Parenthood and Family Care Policy (known as 'Policy') applies to all students (who may otherwise be known as a 'trainee') who have registered and enrolled in a programme of study at the bpf. This includes students who are undertaking a formal qualification, an infant observation as well as members who are completing programmes of continuous professional development. This procedure applies to students who are undertaking a formal qualification which we are delivering in partnership with another educational provider.

Students wishing to submit a request for additional considerations should refer to the bpf's Additional Considerations Policy. An 'additional consideration', which might otherwise be known as a mitigating or extenuating circumstance, is an *acute, but short-term incident, occurrence or situation which is beyond a student's control and which impacts a student's performance or ability to study and does not normally apply to circumstances that may have, or are likely to have, a longer-term impact or for pre-existing circumstances or minor illnesses.*

## Student Pregnancy, Parenthood and Family Care Support Plan

Whilst a student is not required to inform the bpf that they are pregnant, we encourage students to inform the bpf as soon as they feel comfortable to do so. For example, a student may wish to initially inform their personal tutor. Without this knowledge we are unable to work with the student to develop and put in place a pregnancy, parenthood and family care support plan (known as the 'support plan'). The purpose of the support plan is to help us consider the implications on your studies, your training pathway and where

possible, to ensure that reasonable adjustments are made. As part of the support plan, we will also carry out a risk assessment, which is especially important when you are attending bpf premises or other locations are part of your programme of study.

The support plan will be reviewed prior to assessments or examinations and during professional placements, infant observations and clinical practice. The support plan will also be reviewed prior to a student's return to their programme of study.

Should a student not inform the bpf that they are pregnant, but where we have concerns about their health and safety or where the student is carrying out an infant observation or in clinical practice as part of their programme of study, we may need to approach the student to discuss developing a support plan.

## **Procedure**

Students who are pregnant during their studies, those who are pregnant when they register for their course and those who have given birth within the previous 26 weeks are advised to contact the Director of Training or Chair of Training Committee. They will work with the student to develop their support plan and understand that each support plan will be individual to the student.

### **Assessments and examinations**

Should a student wish continue to work towards an assessment deadline or sit an examination, even if they are close to the students 'due date', as part of their support plan we can consider reasonable adjustments. It's important that we have sufficient notice so that the adjustments can be arranged in time.

Students should contact their midwife or doctors if, during pregnancy, they have concerns about sitting examinations or meeting assessment deadlines, including when they have a pregnancy related health condition which may be exacerbated stress or significant pregnancy-related problems. If the midwife or doctor advises the student against sitting an exam or meeting an assessment deadline, they should inform their Director of Training or Chair of Training Committee as soon as possible and as part of the support plan, they help the student to consider possible alternative options or pathways.

## **Maternity Leave**

### **Starting maternity leave**

It is up to the student when they wish to begin their maternity leave, and a student may wish to continue to study up to their due date. The student should inform the Director of Training or Chair of Training Committee at least 15 weeks prior to the due date, or earlier if there are any planned assessments or key stages in the programme of study.

### **Length of maternity leave**

Maternity leave must be no less than 2 weeks. Whilst it is up to the student to decide the length of their maternity leave, we would recommend that maternity leave should be no longer than 2 years and should be discussed as part of the student's support plan. In accordance with health and safety regulations, students

are required to take two week's compulsory maternity related absence (which may be longer if the student is on a professional placement). When a student is ready to return to study, they should contact their Director of Training and Chair of Training Committee to decide on their return to study date and to think about what support they may need.

If we are concerned about a student's return to study date, we may ask the student to provide evidence from their doctor or medical professional that they are ready and fit to return to study.

## **When you are in personal analysis as part of your course requirements**

Students who are expected to be in continuous personal analysis for part, or the entirety of their training, are advised to continue their personal analysis during any extended leave of absence, including maternity leave. It is expected that the student's personal therapy must be face-to-face.

Students who significantly reduce or pause personal analysis may be required to recommence their analysis for an agreed period of time in order to support their readiness to return to their programme of study. These arrangements should be discussed between the student and their analyst and the student must inform their training of any agreed arrangements, including changes to these arrangements. It is likely that this will be initially through a conversation between the student and their personal tutor.

The bpf reserve the right to ask the student about their arrangements and discuss these with the student.

## **When you are seeing patients as part of your course requirements**

Students who are pregnant and are seeing clinical training cases as part of their programme of study, should think carefully about the ethical considerations of taking on a training patient if they will not be able to fulfil the length of psychotherapy commitment that the patient has agreed. This is:

- Low-fee once weekly psychotherapy: one year minimum commitment involving one session per week
- Low-fee intensive psychotherapy: two year minimum commitment involving three sessions per week.

Decisions should be made with the best interests of the patient.

The Director of Training or Chair of Training Committee will work with the student and the Director of Clinical Services to develop their support plan. The Director of Clinical Services, Director of Training and clinical supervisor may recommend that the student does not take on a training patient, or pauses working with a training patient, until the student returns from maternity leave.

How each student returns to the clinical component of their training will be approached on a case-by-case basis. Students may be asked to complete the training case they were working with or they may be asked to start with a further training patient. The student's progression on their training will also be taken into consideration.

If the student is already seeing a training patient, they should provide a report from their supervisor and patient prior to taking maternity leave. These reports will be taken into consideration as part of the student's readiness to return assessment.

## **When you are undertaking an Infant Observation with the bpf**

Students who have a newborn baby or infant under one years old are strongly advised not to begin or continue with an Infant Observation. The bpf recognise that a student's own experience with their infant may naturally and cognitively interfere with the student's observation skills. [Appendix A sets out the rationale behind this approach.](#)

Students who are, or their partner is, pregnant or have an infant under one year's old are advised to contact the Infant Observations Course Director who will support and advise the student on appropriate reasonable adjustments as part of their support plan. For example, the IO Course Director may advise the student to delay or pause an infant observation. If the student is undertaking an IO as part of another programme of study at the bpf, the Directors of the trainings or Chair of the training committees will jointly develop the support plan so that we consider all stages of the student's pathway. The student may wish to continue attending the Infant Observation seminars should they feel able to.

## **When your course is delivered in partnership with another institution**

If a student is undertaking a course or programme of study which is being delivered by the bpf in partnership with another educational institute, such as Birkbeck (University of London), University College London or the Anna Freud Centre, the student's support plan will be developed in conjunction with the respective policy of that educational institute.

We may share information proportionate to the student's support plan with the relevant educational partner so that we can provide appropriate support for the student.

**Table 1: Qualification and Accrediting Institution**

<b>Qualification</b>	<b>Accrediting Institution</b>
MSc in Psychodynamics of Human Development	Birkbeck (University of London)
Doctor of Child and Adolescent Psychotherapy	University College London (UCL)

## **When you are on your professional placement**

As part of a programme of study, a student may undertake a professional placement. Students should follow the placement provider's maternity related policy in conjunction with the bpf's Student Pregnancy, Parenthood and Family Care Policy.

We may share information proportionate to the student's support plan with the relevant educational partner so that we can appropriately support the student.

## **When your course is funded by NHS England?**

Students who are on a course funded by NHS England should contact their Director of Training and Training Manager. The NHS Business Services Authority has published information for eligible students [Can I receive an NHS Bursary during maternity or adoption leave?](#)

## **When you have a bursary?**

Students who are part or fully funded by a bpf or external bursary, or other forms of sponsorship should refer to their bursary or sponsorship agreement.

## **Non-birthing parent**

### **Study support**

Students whose partner is pregnant are encouraged to tell their Director of Training or Chair of Training Committee. Where possible, we will support students so that they may be able to: attend antenatal appointments with their partner; provide support should their partner develop any complications with their pregnancy; or if their partner has any maternity related illness.

### **Starting paternity leave**

If a student wishes to take paternity leave, they should inform the Director of Training or Chair of Training Committee at least 15 weeks prior to the due date, or earlier if there are any planned assessments or key stages in the programme of study. Absences of longer than two weeks may mean that the student will be required to take a break in study.

## **Adoption and Foster Care**

If a student, or their partner, is expected to become a new parent through adoption or fostering, we would encourage them to tell their Director of Training or Chair of Training Committee. They will work with the student to develop an appropriate support plan.

## **Still births, miscarriages and neonatal death**

Should a student have a miscarriage, still-birth or in the event of a neonatal death, we would encourage the student to contact their Director of Training or Chair of Training Committee so that we can provide appropriate support and decide on the length of leave the student should take. This information will be treated sensitively. The student may wish to submit a request for additional consideration.

## **Bringing infants to bpf premises**

New parents may wish to bring their infant to the bpf, for example to introduce them to fellow students and staff, to visit the Mapesbury Road library or to meet with their Director of Training, Chair of Training Committee or personal/course tutor. New parents are welcome to breastfeed their infant on our premises:

it may be helpful if the student informs the bpf beforehand so that we can arrange an appropriate space for them.

Whilst we understand last minute childcare issues do happen, we encourage students not to bring their new-born babies and infants into our on-site teaching spaces where sensitive and confidential information might be shared. In exceptional circumstances, with the agreement of the Seminar Leader, a student may be able to bring their infant into a class and in such circumstances, the student is solely responsible for the care of their infant and must ensure that this does not disrupt teaching. Students are not allowed to bring toddlers and older children into teaching spaces.

## **Confidentiality and data**

Information about relating to pregnancy, parenthood and family care will be kept confidential as far as possible. Information will only be shared without the student's permission where there are significant concerns about the health and safety of the student or their infant.

The support plan will be stored securely and in accordance with the bpf's data retention policy.

## **Governance**

We recognise that pregnancy and maternity are protected characteristics (Equality Act 2010). Furthermore, the bpf have considered the Equality Challenge Unit's guidance on Student Pregnancy and Maternity: implications for higher education institutions (November 2010) when writing this Policy.

The Corporate Governance Team will provide an annual assurance report about the application of our Student Pregnancy, Parenthood and Family Care Policy to bpf's Audit and Risk Committee and Board of Trustees. Information on any complaints will be anonymised and no personal information about a student or others associated with a complaint will be disclosed in the report.

## **Internal resources**

Students may wish to refer to our [Student Policies and Regulations](#).

Further internal resources

- [bpf Infant Observation Entry Requirements](#)

## **External resources**

- University College London  
<https://www.ucl.ac.uk/>
- Birkbeck, University of London  
<https://www.bbk.ac.uk/>
- Equality Challenge Unit  
[Student Pregnancy and Maternity: implications for higher education institutions \(November 2010\)](#)

Version	Date	Description of Amendments	Author
V1	07.01.2026		Head of Safeguarding & Professional Standards Development

# Appendix A: Advice for students who are undertaking an infant observation with the bpf

## Advice from the Infant Observation Committee

The Infant Observation Committee strongly advise that:

- Students who have an infant under one years old to not begin their informant observation until their infant has reached one years old
- Students who are, or their partner is pregnant, to not begin or to pause their observation upon the beginning of their maternity leave and until their infant has reached one years old.

The Infant Observation Committee will support the student to consider this advice as part of the student's support plan.

## Infant Observation Core Competencies (excerpt from IO Training Handbook)

1. Ability to understand the nature and boundaries of the observer's role and how it differs from other roles, such as friend advisor and psychotherapist.
2. Ability to set up and sustain a relationship with the family, whilst consistently occupying the observer role. Where this is lost, the ability to reflect on the pressures and reasons for this both conscious and unconscious.
3. Ability to keep the baby as the focus within the context of their family relationships and environment.
4. Ability to observe the baby and especially the fine detail of their verbal and non-verbal affective communications.
5. Ability to record and report these to the group including description of gesture, tone, vitality affects etc. in a way that conveys the feeling tone of what is observed.
6. Ability to be in touch with and report your emotional response to what is being seen. To distinguish between what belongs to you and what may be a communication from the baby/mother.
7. Ability to be in touch with a range of changing emotions in the family interactions as well as in yourself, e.g. not only feeling 'positive' or 'negative' about what you are observing.
8. Ability to remain open to seminar leader and other group members' varying thoughts and emotional responses to your material and to integrate it into your understanding and experience of the dynamics in the family you are observing.

9. Ability to consider your raw material making the use of psychoanalytic thinking concerning early relationships, managing anxieties and developmental stages.
10. Ability to consider unconscious processes at play.
11. Ability to conceptualise the baby's development, emerging personality and family relationships and to summarise rather than only recount the observational material.
12. Ability to take part in the group discussions without either dominating or absenting yourself. Ability to think about other people's babies and your own in an open-minded way, taking seriously the groups' responses to the babies and their families. Where they are at odds with your own thoughts and feelings, the ability to think about this both within the groups and also outside, for example, in your own therapy.

## Rationale

During the first year of life, parents are in a state of 'Primary Preoccupation' with their baby. This no doubt has its roots in the biological need to ensure their baby's survival. It is a state of mind in which the baby is allowed to take centre stage in the parent's mental, and emotional life.

In a parallel process, observers of infants are required to create a space in their minds in which the observed baby can take centre stage. This often requires a learning process where students acquire the skill of seeing mother and baby without interfering with advice, judgement or even commenting on what they see.

If an observer has their own baby in that place, it poses an additional challenge for the observer being able to create a space in their own minds for the observed mother/baby pair.

The Infant Observations Committee suggest that Core Competencies (see above) 1, 2, 3, 6 and 9 (underlined) would be particularly difficult to acquire under these circumstances.

Director of Infant Observation Training

01 January 2026