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Original Article

Knowledge of the benefits for risks during pregnancy and breastfeeding of the pregnant worker user of a sexual and reproductive health care practice

Meritxell Soler-Saña [1,2], Montserrat Puiggené-Vallverdú [1,2], Cristina Barana-Vidal[3], Yolanda Florensa-Cabré [3]

1. Public Health Agency of Catalonia. Occupational Health Service in Health Region Lleida, Spain.
2. Universitary Hospital of Santa Maria, Lleida, Spain.
3. Catalan Health Institute. Sexual and Reproductive Health Care, Lleida, Spain.

ABSTRACT

Background: Female working life includes childbearing age and occasional pregnancy. The physiological changes in the maternal body require personalised adjustments to working conditions and the implementation of necessary preventive measures. If this is not possible, in Spain, an employment contract can be suspended due to pregnancy or breastfeeding-related risks, allowing access to a financial benefit aimed at covering the resulting loss of income. Objective**:** To determine the level of awareness of this benefit among pregnant working women attending a sexual and reproductive health (ASSIR) practice in the Garrigues region, Lleida.
Methods: A descriptive study conducted between January 2023 and January 2024 among adult pregnant workers attending the ASSIR practice.
Results: 53 pregnant women participated, 79.2% were born in Spain, median age of 31.8 years, 54.7% had a university degree. The most common occupations were teachers and administrative workers dealing with the public. Among the participants, 73.6% had a permanent contract, 92.5% worked more than five hours per day and 47.2% worked in a small business. Regarding the study variables 83% of participants described job tasks that, according to occupational health specialists, were compatible with receiving the benefit. The only statistically significant, albeit weak, independent variable was company size (OR 3.59 [0.95-13.5]).
Conclusions: There is a significant lack of awareness regarding this financial benefit. It is essential to develop strategies and initiatives to inform and educate the communities involved, aiming to improve health, well-being, and the quality of life for future pregnant workers and/or working mothers.

Keywords: Midwifery; Nurse Specialists; Occupational Health; Pregnant women; Public Health Systems.

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Corresponding author

Meritxell Soler-Saña

msoler@gss.cat

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Introduction

The massive incorporation of women into the labour market in recent decades has profoundly transformed the social structure of work in Spain (1). Women's active professional life includes childbearing age and occasional pregnancy. Pregnancy is a significant event that brings about a series of physical, physiological, and hormonal changes. These gestational changes in the maternal body are extensive, intense, and long-lasting. Such physiological transformations require personalised monitoring to adjust working conditions and implement preventive measures accordingly (2). When a worker needs to change her job or role to one compatible with her condition, but this is not technically or objectively feasible, or it cannot be reasonably demanded for justified reasons, Spanish law allows for the suspension of the employment contract due to risk during pregnancy or breastfeeding. This enables access to a financial benefit designed to compensate for the resulting loss of income (3).

This financial benefit aims to enhance the integration of women into the labour market (4). However, daily practice suggests that it is not widely known and remains underutilised by pregnant workers in the Lleida Health Region (5). Furthermore, many professionals, both in the healthcare sector and the business sector, who are responsible for advising expectant mothers, are also unaware of its existence.

The objective of this study is to determine the prevalence of knowledge about the Benefit for risk during pregnancy and breastfeeding and its association with the demographic and socio-economic determinants of pregnant workers. The study focuses on adult pregnant workers attending the midwife practice at the Sexual and Reproductive Health (ASSIR) care unit within the Lleida Health Region, specifically in the Garrigues region, during the period between January 2023 and January 2024.

The sexual and reproductive health care units linked to primary care and specialized public health care are work teams established for midwives, gynaecologists-obstetricians, nurses, psychologists and administrative personnel (6).

Another key objective of this study is to actively promote awareness of the Benefit for risk during pregnancy and breastfeeding among pregnant women attending the selected ASSIR midwife practice.

Methods

Study Population and study design.

This is a cross-sectional descriptive study conducted between January 2023 and January 2024 within the Lleida Health Region, specifically in the Garrigues region, Spain. The study population comprised all pregnant, employed, and adult women who were users of the selected ASSIR midwife practice.

Criteria eligibility

Inclusion Criteria: Pregnant, employed, and adult women who were users of the selected ASSIR midwife practice. Women who voluntarily agreed to participate in the study.

Exclusion Criteria: Pregnant, employed women who were underage or did not provide voluntary consent to participate in the study.

Sampling Framework

The selected ASSIR midwife practice was located within a Primary Care Centre (6), along with all dependent local dispensaries, within the Lleida Health Region.

Sample Size

The birth rate in the Garrigues region in 2021 was 6.85 births per 1,000 inhabitants (7). Based on this indicator, and considering that the annual birth rate in the working population during 2021 in the province of Lleida was 57.37% (8), the crude birth rate among pregnant working women in the Garrigues region was estimated at 3.92 births per 1,000 inhabitants. The population of this region, as of January 1, 2022, was 19,012 (7). An estimated 74,488 pregnant women entered the labor market in the Garrigues region during 2021.

All pregnant workers meeting the study's inclusion criteria within the sampling framework were included.

Data Collection Procedure

Data collection took place from January 2023 to January 2024 following this procedure: During prenatal care, specifically at the 17-week follow-up visit, all pregnant

women attending the selected ASSIR midwife practice were informed about the Benefit for risk during pregnancy and breastfeeding. They received both verbal explanations and an informational leaflet produced by the research team to facilitate comprehension.

After receiving the information, participants meeting the inclusion criteria were invited to take part in the study. If they agreed, they provided informed consent by signing the corresponding document, which had been prepared by the research team. Informed consent was obtained from all subjects involved in the study

Once signed, the document was forwarded by the ASSIR midwife to the occupational health (OH) research team. This specialised OH team then conducted a telephone interview with each participant, using a study-specific sociodemographic questionnaire as the primary instrument. The *ad hoc* questionnaire consisted of three sections:
demographic data, occupational data and data related to the study variable and its risk factors. A total of 27 variables were assessed.

To record the responses obtained from the semi-structured telephone interview, a data sheet was created to record the answers. The data were coded in such a way that only the research team and authorised collaborators could link a participant's identity with the results. Personal data collected were limited to those necessary to fulfil the study objectives. The research team, as the data controller, all procedures were performed in accordance with Spanish Organic Law 03/2018 (5 December 2018) on Data Protection and EU Regulation 2016/679 (GDPR) of 27 April 2016 on personal data protection.

The database was later used for statistical analysis using Epi Info™, a public-domain software.

Variables and measurements

The following variables were assessed: age, municipality of residence, level of education, country of birth, month of notification, local dispensary, province of the workplace, region of the workplace, knowledge of the Occupational Risk Prevention Service, knowledge of the Insurance for Work-related Accidents and Illnesses associated with Social Security, economic activity of the company, occupation, employment status, duration of exposure to risk, seniority in the company, seniority in the workplace, workforce size, week

of gestation, high-risk pregnancy, current sick leave, sick leave in the last year, type of sick leave, previous pregnancy, children, prior knowledge of the benefit, previous benefit application, and possible occupational risks or conditions.

Ethical Considerations

This study received approval from the Research Ethics Committee for Medicinal Products of the Arnau de Vilanova University Hospital (CEIC-2775). The procedures followed in this analysis were in line with the Helsinki Declaration revised in 2013.

Statistical and Epidemiological Analysis

Both qualitative and quantitative variables were analysed. Univariate Analysis: Frequency distribution and central tendency measures were calculated. Bivariate Analysis: All secondary variables were analysed to determine their statistical association with the dependent variable (*knowledge of the benefit*) and the main independent variable, using the Chi-square test (X^2) with a significance level of $p \leq 0.05$.

Epidemiological Association: The association between the dependent variable and other independent variables was determined using the Odds Ratio (OR) with a 95% confidence interval.

Result

A total of 56 informed consents were collected from pregnant women who met the study's inclusion criteria within the sampling framework and signed the informed consent form. However, three cases were considered losses, as these participants, despite signing the consent form, could not be reached by the observer-researcher team, and therefore, the interview could not be conducted (n = 53).

Univariate Analysis Results

A) Demographic Data. All interviewed participants had their habitual residence in a municipality within the region covered by the corresponding basic health area (6). Regarding housing distribution, 47.2% of the pregnant women lived in the region's capital.

In terms of place of birth, 79.2% of respondents were born in Spain, while 20.7% were born in another country. Among them, 11.3% were born in another European country, and the remaining 9.4% were born outside Europe.

Regarding age distribution, 39.62% of the working pregnant women were 30 years old or younger, while 60.38% were 31 years old or older.

Mean age was 31.8 years, median age 32 years, mode 30 years, maximum age 41 years, minimum age 20 years, range: 21 years.

In terms of educational attainment, the distribution was as follows: 45.3% had completed primary and/or secondary education (3.8% primary education and 41.5% secondary education). 54.7% had completed university education at the time of the interview.

Regarding the month of notification (informed consent signature), the distribution was as follows (Table 1).

Table 1. Distribution according to month of notification

Month	*Jan*	*Feby*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*
n	*5*	*6*	*6*	*5*	*5*	*4*	*2*	*4*	*4*	*3*	*3*	*6*
%	*9.4*	*11.3*	*11.3*	*9.4*	*9.4*	*7.5*	*3.8*	*7.5*	*7.5*	*5.8*	*5.8*	*11.3*

B) Occupational Data

A total of 90.6% of the pregnant women in the study worked in the province of Lleida, with 56.6% of them employed in the same region as their residence and the study area. Regarding occupational health and safety knows, 79.2% of participants were unaware of the occupational risk prevention service (9) in their workplace, and 54.7% did not know which

Managing Body or the Social Security Mutual Society Partner managed their company's or the self-employed-worker's professional contingencies (10-11) (Table 2).

Table 2. Distribution according to ORPS and Accident Insurance

	Occupational Risk Prevention Service (ORPS)		*Managing Body or the Social Security Mutual Society Partner*	
	Si	*No*	*Si*	*No*
n	*11*	*42*	*24*	*29*
%	*20.8*	*79.2*	*45.3*	*54.7*

According to the Spanish National Classification of Economic Activities (CNAE) (10), the participant's employment was categorised into 11 classifications (Table 3).

Based on the Spanish National Occupation Code (CNO)(12), the most common occupations among participants were teachers and administrative workers with customer service duties , 15.1% each, nurses, healthcare technicians, and nursing assistants 13.2%, social work and education professionals, 9.4%, shop assistants, sales clerks, cashiers, and manufacturing industry labourers,7.55%, administrative workers without customer service duties, 5.66%, healthcare professionals (psychologists, opticians), cooks and kitchen assistants, and waitresses , 3.8% each. The remaining 7.6% were distributed across various other occupations.

In terms of employment contracts, 73.6% of the women had a permanent contract. 26.4% were self-employed, interim workers, or on temporary contracts (7.6% temporary contracts, 9.4% self-employed and interim workers, respectively).

Table3. Distribution according to the Spanish National Classification of Economic Activities

Spanish National Classification of Economic Activities	*n*	*%*
C -Manufacturing industry (10-3320)	*6*	*11.3*
D -Supply of electrical energy, gas, steam and air conditioning (35-3530)	*1*	*1.9*
G -Wholesale trade and retail trade; repair of motor vehicles and motorcycles (45-4799)	*7*	*13.2*
I -Hospitality (55-5630)	*7*	*13.2*
K - Financial and insurance activities (64-6630)	*3*	*5.7*
M - Professional, scientific and technical activities (69-7500)	*4*	*7.5*
N -Administrative work and auxiliary services (77-8299)	*2*	*3.8*
O -Public sector and defence; Social Security (84-8430)	*8*	*15.1*
P -Education (85-8560)	*7*	*13.2*
Q -Health sector and social services (86-8890)	*7*	*13.2*
S -Another services (94-9609)	*1*	*1.9*

Most of the participants worked more than 5 hours per day (92.5%), the rest (7.5%) worked between 3-5 hours per day. For seniority 60.4% had been with their current employer for 0-5 years, 39.6% had been employed for more than 5 years. For time in the current job role, 69.8% had been in their position for 0-5 years, 30.2% had been in their role for more than 5 years. Companies were classified by workforce size, 47.2% of participants worked in a small company (<49 employees), 18.9% worked in a medium-sized company (<249 employees) and 32.1% worked in a large company (>250 employees).

C) Data Related to the Study Variable and Risk Factors

Participants were classified based on their gestational week (13), first trimester: 11.3%, second trimester: 73.6% and third trimester: 15.1%.

Regarding pregnancy risk, 85% reported having no risk pregnancy, while 15% stated they had a high-risk pregnancy (13). 49% had experienced a previous pregnancy and 47.2% already had living children.

Regarding socio-occupational status, 28.3% were on temporary incapacity (IT) (14) leave at the time of the interview, 34% had been on IT within the past year, with 100% of cases being due to common illness or non-occupational accident.

Regarding knowledge of the Benefit for risk during pregnancy and breastfeeding, the study's main dependent variable 26.4% had prior knowledge of the benefit, 42.8% of those who were aware of it had previously applied for it.

Regarding workplace risk assessment (15), 83% described tasks that, based on occupational health specialists' evaluation, were compatible with the granting of the subsidy (16).

Bivariate Analysis Results

The detailed statistical association analysis of secondary variables with the dependent and primary independent variable was conducted using the chi-square test (χ^2), with a p-value threshold of ≤ 0.05. The odds ratio (OR) with a 95% confidence interval determined the epidemiological association. We can see the results in Table 4.

Table 4. Detailed statistical association analysis of secondary variables

Knowledge of the Benefit	***Odds ratio***	***p***	***95% CI***
1. Age	*1.93*	*0,324*	*0,51-7,24*
2. Place of residence	-	-	-
3. Education	*2,63*	*0,143*	*0,70-9,83*
4. Homeland	*0,94*	*0,942*	*0,21-4,21*

5. Month of notification	-	-	-
6. Basic health area	*0.52*	*0,316*	*0,14-1,86*
7. Place of work	*0,7*	*0,561*	*0,20-2,37*
8. Region of work	-	-	-
9. Knowledge of the occupational risk prevention service	*1.82*	*0.4*	*0,44-7,55*
10. Knowledge of the Insurance for Work-related Accidents and Illnesses associated with the Social Security	*1.91*	*0.298*	*0,55-6,59*
*11. CNAE**	-	-	-
*12. CNO**	-	-	-
13. Employment contract	*1,44*	*0,621*	*0,33-6,17*
14. Exposure period	*1.08*	*0,946*	*0,10-11,36*
15. Seniority in company	*0,51*	*0,324*	*1,13-1,93*
16. Seniority at workplace	*0,9*	*0,877*	*0,23-3,45*
17. Workforce size	*3,59*	***0.050***	*0,95-13,5*
18. Gestational week	-	-	-
19. Pregnancy risk	-	-	-
20. Sick leave(current)	*1,01*	*0,979*	*0,26-3,93*
21. Sick leave (last year)	*0,71*	*0,619*	*0,18-2,70*
22. Sick leave (type)	*0.11*	*0.877*	*0,28-4,26*
23. Previous pregnancy	*2,32*	*0,183*	*0,65-8,23*
24. Having children	*2,58*	*0,134*	*0,72-9,17*
25. Previously requested Benefit	-	-	-
26. Workplace risk assessment	-	-	-

*CNAE Spanish National Classification of Economic Activities, CNO Spanish National Occupation Code

Discussion

From the analysis of the demographic results of this study, we can highlight that a large proportion of women were born in Spain and lived and worked in the same region. The median age was 31 years or above, and the average maternal age in our study population was 31.8 years. For women experiencing pregnancy for the first time, the average age was 29.5 years, slightly lower than the Spanish median for 2023, which was 32.6 years.

By nationality, the average maternal age was 32.5 years for Spanish mothers and 29.5 years for foreign mothers. This represents a slight decrease compared to the national averages in Spain in 2023, which were 33.1 years for Spanish mothers and 30.5 years for foreign mothers (17).

More than 54.7% of participants held university degrees. The most common occupations among them were teachers and healthcare professionals, roles that require higher education and often offer schedules that allow for a better balance between work and family life, as well as higher earning potential. This contrasts with the other major occupational group, which consisted of workers in the service sector or manufacturing industry.

Most employment contracts were permanent, a factor that may help women decide to become pregnant by eliminating the concern associated with job instability, which can lead to financial insecurity and difficulties in covering the additional expenses associated with childbirth and child-rearing (18).

At the time of the interview, 28.3% of the women were on sick leave, all due to common illnesses. As observed in other studies on benefit usage, such as Villar et al., sick leave due to common illness was the most frequently used benefit to manage health-related issues, whether linked to pregnancy or work demands (19). Although 83% of participants described tasks in their job roles that met the criteria for subsidy eligibility—particularly physical risks such as manual handling of loads and awkward postures—various authors, including Makowiec-Dabrowska et al., have associated occupational fatigue levels with an increased risk of preterm birth or small-for-gestational-age infants (20). This index is calculated based on the adequacy of several variables, including posture, machine operation, load handling, mental workload, and exposure to a polluted environment (21).

Among all the variables analysed in relation to the main dependent variable (awareness of the benefit), only one showed a statistically significant association: company size (number of employees). Contrary to expectations, working in a small company (<50 employees) was associated with greater awareness of the benefit, whereas working in medium or large companies did not result in a higher level of knowledge. This could be explained by the predominant economic activity in the studied region and its socio-demographic characteristics.

The findings of this study are relevant to the general population, particularly to pregnant women, as pregnancy entails a state of increased vulnerability. Therefore, it is essential to be aware of and utilise all available medical and social resources to achieve the best possible outcomes for both mother and baby. Protecting working women from potential occupational risks during pregnancy and early motherhood is crucial in fostering a healthier and more resilient society.

Limitations of the study

The main limitations of this study include the small, estimated sample size (22-23) and the lack of representativeness. Although all pregnant working women in the region receiving care from ASSIR were invited to participate, many chose to seek private healthcare during pregnancy.

Another limitation was the difficulty in reaching some participants for the telephone interview. Despite a maximum of two weeks between signing the informed consent and the first telephone contact by the research team, occasional difficulties arose. The midwifery team was consulted about alternative contact methods. However, three participants who had signed the informed consent could not be reached.

Conclusions

The findings confirm the initial hypothesis, which suggested a widespread lack of awareness regarding the Benefit for Risk during Pregnancy and Breastfeeding. The intervention ensured that all study participants received information about this resource.

However, the sample size indicates that larger studies in other geographical areas are needed to explore this issue further.

The study highlights a general lack of knowledge about the Benefit for Risk during Pregnancy and Breastfeeding among the affected population.

It demonstrates the need to develop strategies and initiatives to improve awareness and education within relevant communities, aiming to enhance the health, well-being, and quality of life of pregnant and working mothers.

It underscores the importance of promoting interdisciplinary collaboration among different nursing specialties to drive joint studies and initiatives that contribute to better protection and information for pregnant working women.

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Conflict of interests

The authors declare no conflict of interest.

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