

Supplementary material S2: Case examples of good practice

“Meeting with management to plan appropriately, ie minor adjustments when they became necessary, and scheduling of extra clinics to make up for lost service provision.”

“I had extremely supportive colleagues - but I was lucky. At the NHS level there was little support. At the departmental level I had a superb training programme director and clinical lead.”

“For my current pregnancy I undertook a risk assessment of my role and discussed this with my manager. I avoid contact with patients in enteric isolation, risks are made known to me by my MDT colleagues such as infections, radiation. Our on-call policy states pregnant women leave the on-call rota at 6 months however I felt I could have spoken to my manager about leaving the rota earlier should I have experienced difficulties.

During my last pregnancy I adjusted my start time and finish time to avoid the tube during peak rush hour. Physiotherapy”