**R095 - Maternity Protection Recommendation, 1952 (No. 95)**

**Preamble**

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Thirty-fifth Session on 4 June 1952, and

Having decided upon the adoption of certain proposals with regard to maternity protection, which is the seventh item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation supplementing the Maternity Protection Convention (Revised), 1952,

adopts this twenty-eighth day of June of the year one thousand nine hundred and fifty-two, the following Recommendation, which may be cited as the Maternity Protection Recommendation, 1952.

**I. Maternity Leave**

1. 1.
   * (1) Where necessary to the health of the woman and wherever practicable, the maternity leave provided for in Article 3, paragraph 2, of the Maternity Protection Convention (Revised), 1952, should be extended to a total period of 14 weeks.
   * (2) The supervisory bodies should have power to prescribe in individual cases, on the basis of a medical certificate, a further extension of the ante-natal and post-natal leave provided for in paragraphs 4, 5 and 6 of Article 3 of the Maternity Protection Convention (Revised), 1952, if such an extension seems necessary for safeguarding the health of the mother and the child, and, in particular, in the event of actual or threatening abnormal conditions, such as miscarriage and other ante-natal and post-natal complications.

**II. Maternity Benefits**

1. 2.
   * (1) Wherever practicable the cash benefits to be granted in conformity with Article 4 of the Maternity Protection Convention (Revised), 1952, should be fixed at a higher rate than the minimum standard provided in the Convention, equalling, where practicable, 100 per cent. of the woman's previous earnings taken into account for the purpose of computing benefits.
   * (2) Wherever practicable the medical benefits to be granted in conformity with Article 4 of the said Convention should comprise general practitioner and specialist out-patient and in-patient care, including domiciliary visiting; dental care; the care given by qualified midwives and other maternity services at home or in hospital; nursing care at home or in hospital or other medical institutions; maintenance in hospitals or other medical institutions; pharmaceutical, dental or other medical or surgical supplies; and the care furnished under appropriate medical supervision by members of such other profession as may at any time be legally recognised as competent to furnish services associated with maternity care.
   * (3) The medical benefit should be afforded with a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs.
   * (4) The institutions or government departments administering the medical benefit should encourage the women protected, by such means as may be deemed appropriate, to avail themselves of the general health services placed at their disposal by the public authorities or by other bodies recognised by the public authorities.
   * (5) In addition, national laws or regulations may authorise such institutions or government departments to make provision for the promotion of the health of the women protected and their infants.
   * (6) Other benefits in kind or in cash, such as layettes or payment for the purchase of layettes, the supply of milk or of nursing allowance for nursing mothers, etc., might be usefully added to the benefits mentioned in subparagraph (1) and (2) of this paragraph.

**III. Facilities for Nursing Mothers and Infants**

1. 3.
   * (1) Wherever practicable nursing breaks should be extended to a total period of at least one-and-a-half hours during the working day and adjustments in the frequency and length of the nursing periods should be permitted on production of a medical certificate.
   * (2) Provision should be made for the establishment of facilities for nursing or day care, preferably outside the undertakings where the women are working; wherever possible provision should be made for the financing or at least subsidising of such facilities at the expense of the community or by compulsory social insurance.
   * (3) The equipment and hygienic requirements of the facilities for nursing and day care and the number and qualifications of the staff of the latter should comply with adequate standards laid down by appropriate regulations, and they should be approved and supervised by the competent authority.

**IV. Protection of Employment**

1. 4.
   * (1) Wherever possible the period before and after confinement during which the woman is protected from dismissal by the employer in accordance with Article 6 of the Maternity Protection Convention (Revised), 1952, should be extended to begin as from the date when the employer of the woman has been notified by medical certificate of her pregnancy and to continue until one month at least after the end of the period of maternity leave provided for in Article 3 of the Convention.
   * (2) Among the legitimate reasons for dismissal during the protected period to be defined by law should be included cases of serious fault on the part of the employed woman, shutting down of the undertaking or expiry of the contract of employment. Where works councils exist it would be desirable that they should be consulted regarding such dismissals.
   * (3) During her legal absence from work before and after confinement, the seniority rights of the woman should be preserved as well as her right to reinstatement in her former work or in equivalent work paid at the same rate.

**V. Protection of the Health of Employed Women During the Maternity Period**

1. 5.
   * (1) Night work and overtime work should be prohibited for pregnant and nursing women and their working hours should be planned so as to ensure adequate rest periods.
   * (2) Employment of a woman on work prejudicial to her health or that of her child, as defined by the competent authority, should be prohibited during pregnancy and up to at least three months after confinement and longer if the woman is nursing her child.
   * (3) Work falling under the provisions of subparagraph (2) should include, in particular--
     + (a) any hard labour involving--
       - (i) heavy weight-lifting, pulling or pushing; or
       - (ii) undue and unaccustomed physical strain, including prolonged standing;
     + (b) work requiring special equilibrium; and
     + (c) work with vibrating machines.
   * (4) A woman ordinarily employed at work defined as prejudicial to health by the competent authority should be entitled without loss of wages to a transfer to another kind of work not harmful to her health.
   * (5) Such a right of transfer should also be given for reasons of maternity in individual cases to any woman who presents a medical certificate stating that a change in the nature of her work is necessary in the interest of her health and that of her child.