

BEST PRACTICE GUIDANCE
FOR

MATERNITY/ PARENTAL POLICIES IN SPORT



WORLD PLAYERS ASSOCIATION

INTRODUCTION

As women's participation in professional sport continues to grow and reach unprecedented levels of professionalism, ensuring strong maternity and parental protections has become a fundamental issue. Historically, the demands of elite sport have often forced players to choose between their careers and starting a family. This unacceptable choice persists due to outdated structures, a lack of adequate protections, and the failure of sport governing bodies (SGBs) to recognize and accommodate the realities of parenthood for athletes.

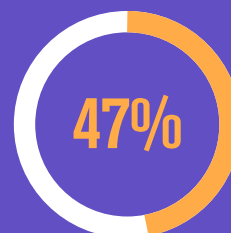
World Players' Best Practice Guidance for Maternity/Parental Policies in Sport is designed to serve as a practical tool for **Player Associations (PAs)** seeking to develop, improve, or negotiate maternity and parental policies for their members. Drawing from a variety of policies that have been negotiated or collectively bargained, **best practice** is defined as a player-centred approach offering the maximum level of protection and empowering athletes to thrive both on and off the field.

Here, this guide draws on international minimum standards established by the **International Labour Organization's (ILO) Maternity Protection Convention, 2000 (No. 183)**; the pioneering maternity protections in FIFA's **Regulations on the Status and Transfer of Players (RSTP)** and comprehensive policies in national collective bargaining agreements (CBAs) like those of the **AFL/AFLPA** and **USSF/USWNTPA**, which often exceed the levels of protection granted by both international standards and national legislation.

These examples serve as benchmarks toward which PAs can aspire, while acknowledging that each sporting and geographic context will influence how policies can be implemented.

The need for urgent action is clear. Research shows that inadequate protections force many athletes into early retirement. For example, [FIFPRO's 2017 Global Employment Report on Working Conditions in Professional Women's Football](#) found that 47% of players considered leaving the sport early to start a family—more than for financial reasons or other career opportunities. Only 2% of respondents had children, and just 8% received maternity pay, with 61% lacking any childcare support. From then, more recent research indicates a lack of progress. The 2024 ["Multiple Job-Holding in Elite Women's Football"](#) report, co-funded by FIFA

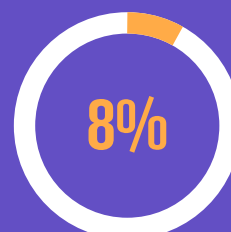
FIFPRO'S 2017 Global Employment Report on Working Conditions in Professional Women's Football



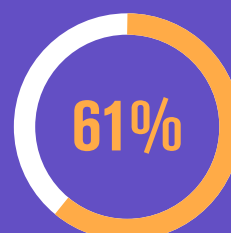
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and FIFPRO, found that only 5% of players surveyed globally, where the mean age was 25 years old, were mothers while 52% reported that their football-related expenses were greater than their income from football. These figures continue to reveal a significant gap between the lived experiences of athlete-parents and the responsibilities of employers to safeguard their well-being.

The effects of pregnancy and parenting on athletes extend beyond the physical. The so-called “**motherhood penalty**”—common across all sectors—results in reduced career opportunities, lower pay, and even job loss for women who choose to have children. In sport, where peak performance years often overlap with peak fertility, the impact can be even more severe, cutting careers short prematurely due to the absence of robust protections.

Beyond legal compliance, there is a clear benefit for all stakeholders in developing **supportive environments for athlete-parents**. Providing strong protections allows athletes to balance their careers and family life while organizations benefit from retaining experienced players and promoting gender equity. Research also suggests that players often return stronger after parenthood, bringing renewed focus and resilience to their sport.

To this end, the fact that FIFA has been the only International Federation to adopt minimum standards for players around maternity into the global regulations shows a global sport industry that is falling behind and must swiftly act to embed best practices if it is to fully realise the opportunity and untapped potential of the women's game.

Accordingly, this guide is structured around five core pillars that reflect the most critical aspects of maternity and parental protections in sport:

1. **Pregnancy and Prenatal Support**
2. **Parental Leave**
3. **Return to Play**
4. **Childcare Support**
5. **Women's Health**

Each section outlines relevant components, shares best-practice examples, and offers flexible solutions adaptable to different sporting and regional contexts.

By championing these protections, Player Associations can lead the way in transforming the sporting landscape—ensuring that athletes no longer must sacrifice personal milestones for professional success.



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The five core pillars of the World Players' Best Practice Guidance for Maternity/Parental Policies in Sport



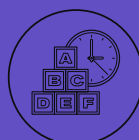
1 Pregnancy/ Prenatal



2 Parental Leave



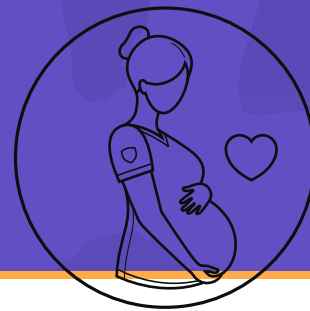
3 Return to Play



4 Childcare



5 Women's Health



1 Pregnancy/Prenatal



Disclosure

Players often face pressure or fear around disclosing their pregnancy due to concerns about selection, performance impact, or potential miscarriage. Research indicates that up to 10–15% of pregnancies end in miscarriage during the first trimester, contributing to athletes' reluctance to disclose early. Additionally, some players may need time to decide whether to continue with the pregnancy.



Best Practice

Athletes must have the autonomy to choose when and how to disclose their pregnancy without external pressure. Policies should explicitly protect a player's right to privacy, particularly during the first trimester, unless the player consents to disclosure. Examples include the [AFL/AFLPA CBA \(Schedule 9: AFLW Pregnancy and Parental Management Travel Policy\)](#), which prohibits disclosure during the first trimester without the player's consent, and the [ACA/CA Players' Parental Leave and Return to Work Policy \(Clause 5.1.1\)](#)¹, which emphasizes player autonomy in disclosure. The [FIFA RSTPs \(Article 18quater\)](#) also enshrine the player's right to privacy regarding pregnancy disclosure.



Medical and Specialised Support

Pregnant athletes often face limited to no access to specialised medical care within elite sporting environments. Additionally, support for adapting training and competition schedules is frequently lacking, increasing health risks for both athletes and unborn children.



Best Practice

Sport governing bodies, including leagues and clubs, must ensure pregnant players have access to specialised medical support, including consultations with obstetricians, gynaecologists, or pelvic floor physiotherapists. All health insurance schemes should cover necessary medical and specialist support. For instance, the [AFL/AFLPA CBA \(Schedule 9, Section 5.4\)](#) requires clubs to cover up to AU\$1,000 of excess medical costs related to specialist perinatal care.

1. These guidelines refer to the publicly available ACA/CA Player's Parental Leave and Return to Work Policy originally adopted on 1 July 2019. This policy was later updated on 1 October 2024 with the inclusion of a parental leave supplemental fee (80% of a match fee) and allowing Local Player Couples (i.e. two Local Players who are the parents of the same child) to be able to split the 12 months parental leave period.



Athletes must have the autonomy to choose when and how to disclose their pregnancy without external pressure. Policies should explicitly protect a player's right to privacy.



Playing/Competing While Pregnant

Pregnant athletes often face pressure to continue competing, risking their health due to lack of clear policies or institutional support. Additionally, inadequate staff training can prevent appropriate accommodations for pregnant players. At the same time, players may be unwillingly distanced from the team environment which can lead to feelings of isolation and further complicate their return to competition postpartum.



Best Practice

Athletes must have the autonomy to decide whether to continue competing based on medical advice and personal comfort. Employers must ensure coaching and medical staff are adequately trained to provide support. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 5.3.2)** and **FIFA RSTPs (Article 18quater, Section 2)** support a player's right to continue participating under specialized care, with adjustments made as needed.



Cessation of Sporting Activities

Many athletes feel obligated to continue competing even when medically advised to stop, fearing loss of income or team exclusion.



Best Practice

Policies must empower athletes to cease sporting activities at any point during pregnancy, based on medical advice or personal choice, without loss of remuneration. During this period, players should receive their full contracted salary. The **AFL/AFLPA CBA (Schedule 9, Section 5.5)** and **FIFA RSTPs (Article 18quater, Section 3)** enshrine these protections, ensuring athletes receive their full salary when medically advised to stop.





Access to Non-Playing Roles

Athletes often lose connection with their sporting environment upon ceasing training or competition during pregnancy, which can lead to feelings of isolation and hinder post-pregnancy reintegration.



Best Practice

Players should be offered non-playing roles within their organizations—such as mentorship, administrative tasks, or community engagement—if they wish to remain connected to the team environment. The **FIFA RSTPs (Article 18quater, Section 4) and ACA/CA Players' Parental Leave and Return to Work Policy (Clause 6.1)** affirm athletes' rights to take on alternative roles during pregnancy.



Mental Health Support

Transitioning away from competition during pregnancy can cause psychological stress, feelings of isolation, and anxiety about career progression.



Best Practice

Employers should provide mental health support, including counselling and psychological services, to assist athletes during pregnancy and parental leave. Access to peer support networks should also be encouraged. For example, the **New Zealand Athletes' Federation** offers a "Mums and Bubs" peer group for support.



Pregnancy Loss/ Miscarriage

As noted, tragically between 10 and 15% of pregnancies end in miscarriage. Athletes who experience pregnancy loss often lack adequate physical, emotional, and mental health support, which can significantly impact an athlete's emotional and mental well-being.



Best Practice

Employers must provide compassionate leave and flexible return-to-play options for athletes following pregnancy loss, miscarriage, or stillbirth. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 7.2)** explicitly protects players facing pregnancy loss, ensuring tailored support in collaboration with medical professionals.



Anti-Doping Considerations

Many maternity policies fail to address how pregnancy impacts anti-doping regulations. Players may need different medications during pregnancy and postpartum recovery.



Best Practice

Clear guidelines should be provided for athletes and medical teams regarding compliance with anti-doping regulations during pregnancy. Postpartum athletes should be granted flexibility in testing schedules to accommodate physiological changes. While not yet included in many policies, collaboration with medical teams and anti-doping bodies should be prioritized. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 8.1)** acknowledges the need for ongoing compliance but does not yet offer special provisions for pregnancy-related medication needs.

CASE STUDY:

International parental protections in football - Bridging the gap between labour and sport law

Prior to FIFA's adoption of protections around pregnancy and maternity in 2021 in its Regulations on the Status and Transfer of Players (RSTP), which regulate professional football around the world, football players who became mothers were left largely unprotected and at the whims of their employer – unless their club or country had an agreement which included protections and provisions regarding maternity.

One particularly egregious case, though likely not isolated, occurred in 2017 in Venezuela when Rayveliz Hernandez saw her club contract at Flor de Patria terminated after she told the head coach that she was pregnant. Upon disclosure, the club dismissed her and instructed her to return her club-issued sporting equipment immediately.

The Venezuelan professional footballers' association (AUFPV) represented Hernandez before the National Dispute Resolution Chamber (CNRD), confident that because of the extensive protections around pregnancy in the Venezuelan labour legislation, the CNRD would determine that Hernandez was fired without just cause. However, the chamber determined that the club had just cause because due to the player's pregnancy, she was unable to carry out her duties according to her contract, thus rendering the contractual relationship void.

As FIFPRO Legal Counsel, Alexandra Gómez Bruinewoud, points out, it is because of cases like this that parental protections must include clarification that dismissal on the grounds of pregnancy is without just cause. Thus, the explicit and comprehensive language in FIFA's RSTP, which makes it clear that players' contracts may not be terminated for reasons related to pregnancy or parental leave, is necessary in protecting players during a vulnerable time in their career and life.

In May 2022, Sara Bjork Gunnarsdottir made history by becoming the first football player to win a claim under FIFA's Maternity Regulations, with FIFPRO providing critical legal support throughout the process. The case, filed against Olympique Lyonnais, highlighted the necessity for mandatory protections for pregnant athletes, even at top-tier clubs. Despite FIFA's 2021 maternity regulations guaranteeing full pay during pregnancy, Lyon failed to comply, leading to a ruling by the FIFA Dispute Resolution Chamber in Bjork's favour.

This landmark decision demonstrates the importance of mandatory protections across all federations and shows that athletes should receive both financial and practical support during pregnancy. Bjork's case established a key precedent, requiring clubs to adhere to these minimum standards, safeguarding athletes' rights, and reinforcing Football Associations' duty to implement and uphold parental protections at the national level. It set a clear blueprint for how clubs should manage maternity, ensuring future athletes won't face similar challenges.



2 Parental Leave



Length and Conditions of Leave

Inconsistent leave policies across the industry often fail to accommodate the unique needs of pregnant athletes. Factors such as the mode of delivery (vaginal, assisted, caesarean) and complications during childbirth influence recovery times, making one-size-fits-all leave policies inadequate. Additionally, many sports lack sufficient leave duration, forcing athletes to return prematurely.



Best Practice

Leave policies should be flexible and account for individual differences in pregnancy and postpartum recovery. At a minimum, policies should align with the [ILO Maternity Protection Convention, 2000 \(No. 183\)](#), which mandates 14 weeks of paid leave, as do the **FIFA RSTPs**. Best practices extend this to 12 months of paid leave, as outlined in the **ACA/CA Players' Parental Leave and Return to Work Policy (Clauses 7 & 8)**, which stipulates that paid leave commences six weeks before the expected birth date unless otherwise agreed. The **AFL/AFLPA CBA (Schedule 9)** also provides up to 12 months of leave with full remuneration, with automatic contract extensions if a contract expires during the leave period.



Employer Obligations

Lack of clear employer responsibilities regarding communication and pay during parental leave can lead to breaches of privacy and financial instability for athletes. Many athletes report feeling pressured to return prematurely due to unclear employer obligations.



Best Practice

Employers must respect athletes' privacy and ensure that communication during parental leave is player-initiated unless otherwise agreed. Payments during parental leave must continue as stipulated in the player's contract. The **AFL/AFLPA CBA (Schedule 9, Section 5.7)** and **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 6.2)** mandate that employers provide consistent pay throughout the leave period and restrict unsolicited communication during the first six weeks postpartum.



Leave policies should be flexible and account for individual differences in pregnancy and postpartum recovery.



Pay Rate

Athletes often face uncertainty regarding pay during maternity or parental leave, leading to financial stress and instability.



Best Practice

Ideally, athletes should receive 100% of their contracted salary during pregnancy and parental leave. Nevertheless, at a minimum, they should be paid no less than two-thirds of their salary in line with **Article 6 of ILO C183/2000**. Best practices include full salary payment, as demonstrated by the **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 7.1)** and the **AFL/AFLPA CBA (Schedule 9, Section 5.8)**.

Moreover, in the United States, where federally mandated paid maternity leave is lacking, various collective agreements provide strong protections. The [USWNTPA/USSF CBA](#) guarantees full salary during maternity leave for national team players, while the [NWSLPA/NWSL](#), [PWLPA/PWHL](#), [WNBPA/WNBA CBAs](#) offer comprehensive paid leave for professional football, ice hockey, and basketball players, respectively.



Replacement Players

Many players may defer having a child during their career because of concerns regarding the potential detriment to team performance. Teams often lack flexibility in signing replacement players when an athlete goes on maternity leave, impacting performance and discouraging athletes from starting families.



Best Practice

Policies should allow teams to sign replacement players when athletes take maternity leave. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 9.1)** and **FIFA RSTPs (Article 18quater, Section 5)** provide exceptions to registration periods for such replacements, ensuring that teams are not punished and remain competitive while supporting athlete parents.



Non-Bearing Parents

Current parental leave policies often exclude non-bearing parents or provide insufficient leave time, limiting support for diverse family structures.



Best Practice

Non-bearing parents should be entitled to at least two weeks of paid leave, extendable if they become the primary caregiver. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 11, amended 2024)** entitles non-bearing parents to three weeks of paid leave within 12 months of birth or adoption, with an option for extended leave if the bearing parent is a contracted local player as well and returns to work early. Under the **NWSL/NWSLPA CBA (Article 9, Section 9.11)** all parents (including non-bearing parents) are entitled to 100% of their base salary during the shorter of 8 weeks or the remainder of their contract. The **FIFA RSTPs (Article 18quater, Section 6)** also recognise the rights of non-bearing parents for family leave, although these do not apply to men.



Adoption/Fostering

Adoptive and foster parents often face exclusion from parental leave policies, despite having equivalent caregiving responsibilities.



Best Practice

Leave for adoptive and foster parents should mirror maternity leave for biological parents, particularly when adopting children under two years old. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 10.1)** and **FIFA RSTPs (Article 18quater, Section 7)** offer paid leave for adoptive and foster parents, ensuring equitable treatment.

In the United States, the **NWSLPA/NWSL CBA (Article 9, Section 9.11)** provides parental leave rights for players adopting or fostering children, guaranteeing paid leave aligned with maternity leave provisions. Similarly, the **USWNTPA/USSF CBA (Article 17, Section C.3)** ensures that adoptive and foster parents receive leave equivalent to maternity leave, affirming a commitment to equitable treatment for all athlete parents.



Adoptive and foster parents often face exclusion from parental leave policies, despite having equivalent caregiving responsibilities.



CASE STUDY:

Uneven Terrain for Mothers in International Cricket

The experiences of cricket players who are – or want to be – mothers, through pregnancy, adoption or as non-bearing parents, are diverse across the globe. Since there are no global maternity standards established by the International Cricket Council (ICC), which governs the game, players' experiences depend significantly on a variety of elements including representation through a Players Association, existence of a domestic maternity or parental policy, finances, cultural perceptions and socioeconomic status.

In the last ICC Women's World Cup, 8 mothers competed representing 4 different teams. While Megan Schutt was able to celebrate Australia's triumph with her wife and daughter on the stage in New Zealand, other mothers including Lizelle Lee and Masabata Klaas of South Africa and Afy Fletcher of the West Indies had to leave their young children at home while representing their respective nations.

At one end of the spectrum, Australian players, both in domestic and international competitions, are covered by one of the most comprehensive policies in the world across all sports, which grants them not only 12 months of paid leave following the birth of their child – at least 3 weeks for non-bearing parents – but also a guaranteed contract extension for the year after their leave and the ability to travel with their young children and a support person with the costs covered entirely by their employer.

In the middle, cricketers in England, New Zealand, South Africa and the West Indies are covered by varying levels of maternity protections established in recent years through collective bargaining. Pakistan's Cricket Board (PCB) also enacted a maternity policy for centrally contracted players after its captain, Bismah Maroof, announced her pregnancy in 2021. Pakistani players are granted 12 months of paid leave, guaranteed a contract extension once they return for the following year and provided the

opportunity to transfer to a non-playing role prior to their leave. The policy also stipulates that players should receive medical and physical support during their postpartum return to play. Though Maroof has since retired, in 2022 she was able to share the costs with the PCB – as set out in its policy – and bring her baby daughter and mother as a carer to New Zealand while she competed in her final World Cup.

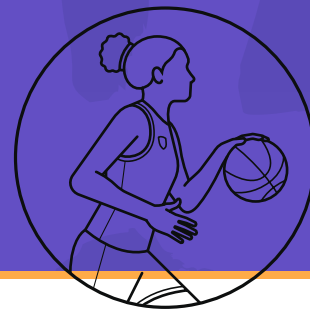
At the other end, Afghanistan's women are not even allowed to play the game under the current Taliban rule while in other major cricket countries like India, Bangladesh and Sri Lanka, there is no player representation nor bespoke maternity protections. There are no mothers in these national teams, in a region where societal expectations of wives and mothers are often at odds with a professional sporting career.

The only mother in India's Women's Premier League (WPL), 26-year-old Sneha Deepthi had to leave her 2-year-old daughter behind in Andhra for the length of the 2023 season with the Delhi Capitals. In interviews, she highlights how difficult it was to be away from her daughter for such an extended period and emphasises how her husband's unique financial and emotional support was crucial to her being able to pursue her dreams of playing professionally. At the moment, players in these nations depend heavily on their individual circumstances to be able to consider even getting married, let alone having children, which can often signal the end of their cricket career.

While some players enjoy world-leading protections, the lack of global provisions, let alone the sociocultural barriers in many cricketing nations, make balancing motherhood and sport a difficult, if not impossible, journey for many players around the world.



3 Return to Play



Contracting

Athletes face uncertainty regarding contract security, physical readiness, and reintegration into competition after maternity leave. Without clear pathways for return, including automatic contract extensions or longer-term contracts, athletes may experience pressure to resume full participation prematurely, risking injury or career stagnation. Additionally, the psychological impacts of returning—such as performance anxiety and concerns about balancing parental responsibilities—are often overlooked.



Best Practice

Athletes should have the right to return to their pre-pregnancy role upon receiving medical clearance, with contract extensions covering the leave period and full remuneration continuing throughout. A structured, phased return-to-play program should be implemented, including comprehensive medical evaluations, tailored physical conditioning, and mental health support.

The **International Labour Organization's (ILO) Maternity Protection Convention, 2000 (No. 183)** prohibits the termination of a woman's employment during her pregnancy, leave or return to work for any reasons related to pregnancy, childbirth and its consequences or breastfeeding, as well as a guaranteed return to the same position or an equivalently paid position following maternity leave. The **FIFA RSTPs** enshrines protections for pregnant players aligned with this international convention.

The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 12.1)** guarantees contract extensions during leave and mandates collaborative return-to-play plans developed with medical professionals. The **AFL/AFLPA CBA (Schedule 9, Section 6.3)** requires salary continuation and role security until the end of parental leave, ensuring players are not penalized for taking leave.

In the US, the **USWNT/USFF CBA (Article 17, Section C.4)** ensures that players returning from parental leave shall be invited to two team camps to allow the staff to make a decision regarding future selection.



Phased Reintegration

Athletes returning postpartum often face physical and psychological challenges that make immediate full reintegration difficult. Without gradual and individualised re-entry strategies, athletes risk injury or mental strain, which could lead to premature retirement.



Best Practice

A phased reintegration plan should be developed collaboratively between athletes, medical professionals, and coaching staff. The plan should account for individualised physical recovery, mental health support, and flexible scheduling. The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 12.2)** requires individualised return-to-play strategies tailored to each athlete's needs, ensuring a gradual and safe reintroduction to competition.



Mental Health Support

Psychological challenges such as anxiety, depression, or performance-related stress are often overlooked during the return-to-play process. A lack of mental health support can hinder an athlete's ability to reintegrate effectively.



Best Practice

Athletes should have access to comprehensive mental health services during their transition back to competition. The **FIFA RSTPs (Article 18quater, Section 9)** emphasize the importance of supporting athletes' mental health during reintegration. Access to counselling, peer support networks, and mental performance coaching should be made available to all returning athletes.

The **New Zealand Athletes' Federation** created a cross-sport 'Mums and Bubs' peer support group connecting its members who had become mothers and returned to sport. This group served as a safe environment for players to share their challenges and experiences with peers in similar contexts.



Physical Conditioning and Medical Support

Postpartum athletes may experience physical limitations or increased injury risk upon returning to training. Without proper conditioning and medical support, athletes can face long-term health issues.



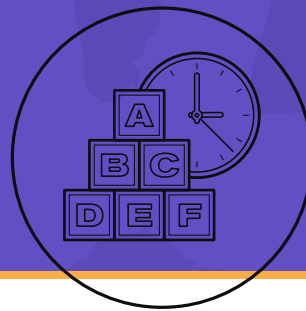
Best Practice

A structured return-to-play program must include access to specialised medical assessments, physiotherapy, strength and conditioning programs, and nutrition support, which must also take into consideration the differing needs of breastfeeding mothers. The **AFL/AFLPA CBA (Schedule 9, Section 8.1)** ensures that returning athletes receive necessary medical and rehabilitation support, with clubs covering associated costs. A collaborative approach involving healthcare professionals and coaches ensures athletes return safely and effectively.



A collaborative approach involving healthcare professionals and coaches ensures athletes return safely and effectively.

4 Childcare



Breastfeeding Support

Athletes returning to competition often lack access to suitable facilities and schedules for breastfeeding or expressing milk, creating barriers for athlete-parents.



Best Practice

Employers must provide appropriate facilities for breastfeeding athletes, including private, hygienic spaces for expressing milk and secure storage options. Scheduling should also be flexible to accommodate breastfeeding needs. The **AFLPA/AFLW CBA (Schedule 9, Section 4.1-2)** and **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 13.2)** set a standard by requiring teams to accommodate breastfeeding needs, including access to private spaces and reasonable breaks during training and competition.

The **NWSLPA/NWSL CBA**, **PWHLPA/PWHL CBA**, and **WNBPA/WNBA CBA** require similar accommodations for breastfeeding mothers.



Travel Assistance

Travel for competitions presents significant challenges for athlete-parents, particularly when events require extended time away from home. Many athletes face logistical and financial obstacles when traveling with children.



Best Practice

Travel support policies should include covering travel expenses for a caregiver and child, ensuring athletes can balance parental responsibilities and professional obligations as articulated in [FIFPRO's Postpartum Return to Play Guide](#).

Best practice examples include the **USWNTPA/USSF CBA (Article 17, Section C.5)** which mandates reimbursement of travel costs for one caregiver when players are traveling for national team duties. The **NWSLPA/NWSL CBA (Article 9, Section 9.9)** also provides travel assistance for athletes traveling with dependents as do the **ACA/CA Players' Parental Leave and Return to Work Policy** (children up to 4 years old) and **AFL/AFLPA CBA** (children up to 3 years old).



Travel support policies should include covering travel expenses for a caregiver and child, ensuring athletes can balance parental responsibilities and professional obligations

CASE STUDY:

The Mothers of the Matildas – A decade of difference

In 2012, Australian footballer Heather Garriock, who made 130 appearances between 1999 and 2013 as a midfielder with the national team, known as the Matildas, had her first child. Following her return to the pitch, she was called up to the Matildas with late notice in 2013 for a 2-week tour to the United States to play a series of international friendlies. To be able to travel with the team, she brought her 11-month-old daughter and her mother to help with the caretaking responsibilities.

Between match fees and daily allowances, what she was paid would only cover half of the costs of bringing her daughter and a carer on the tour. Her employer, Football Australia (FA), refused to reimburse the costs of childcare and argued it was not their responsibility as there was no protection around maternity or provision for childcare in the existing CBA.

The following year, Garriock played her final season in the Australian W-League (now A-League Women's, ALW) before retiring at the age of 31.

Garriock, with the support of Professional Footballers Australia (PFA), brought proceedings against FA alleging discrimination on the grounds of her responsibilities as a carer. The federation argued that it is not usual for employers to pay for childcare for their employees in other sectors. Though the tribunal dismissed the proceedings in 2016, the case brought negative attention and criticism of the lack of support from FA for Garriock.

Despite the disappointing decision, Garriock remained committed to furthering the rights of Australia's elite female athletes.

'The battle to return to the workforce is a significant one for all mums and football has the capacity to be a leader on this issue,' said Garriock. 'Australian netballers are afforded a policy which sees the governing body covering flight and accommodation costs

for carers and infants. Football following this lead would ensure that the outstanding progress made by the Matildas was not undermined by being unable to call upon their best players. I am thankful for the support of the PFA and my fellow players and will continue to advocate for change on behalf of the nation's female athletes.'

In 2019, the PFA negotiated the first parental leave and return to play policy for its national team players – of all genders – which included guaranteed wages throughout pregnancy and maternity leave, a 12-month contract extension with the national team and the ability for players to travel with their child(ren) and a carer, with the costs of flights and accommodation covered by the FA.

This comprehensive policy offered new possibilities for a new generation of players. Almost a decade after Garriock was forced out of the game, another Australian national team midfielder, Katrina Gorry, played a pivotal role in the Matildas' run to the 2023 FIFA Women's World Cup semi-final, leading the tournament in tackles and distance covered. Like Garriock, she had also become a mother in the years prior.

In 2021, Gorry had her first child while in Australia on contract with the Matildas and the Brisbane Roar of the ALW. Since the birth of her daughter, Harper, Gorry has spoken openly about the mental health and body-image challenges she faced prior to becoming a mother, even considering leaving the game as she found herself in a 'dark place'.

Now, at 32 years old, instead of facing early retirement, she has become a key fixture in the Matildas and plays in the Women's Super League in England, with Harper and her youngest son, Koby, by her side when she travels for club and national team duties.





Childcare Stipends

In many countries around the world, childcare for pre-school-aged children is costly – for example, according to the [World Economic Forum](#), in the US, annual net childcare costs nearly one-third of a couple's wages, while this figure is around 25% in the UK and hovers between 5 and 15% in a wide range of countries.

Accordingly, the financial burden of childcare can discourage athletes from continuing their careers, particularly in lower-paying sports.



Best Practice

Where national legislation for subsidised childcare is absent, employers should offer childcare stipends to alleviate the financial burden on athlete-parents. The **WNBPA/WNBA CBA (Article VI, Section 5)**, **NWSLPA/NWSL CBA (Article 9, Section 9.9)** and **USWNTPA/USSF CBA (Article 17, Section C.4)** provide models for childcare stipends by offering financial support for childcare expenses during the season. This assistance helps alleviate the economic pressures associated with childcare, enabling athletes to focus fully on their athletic performance.



Housing Support

Athlete-parents often face challenges securing appropriate housing during competition, whether short or long-term, especially when relocating with children.



Best Practice

Employers should provide suitable housing accommodations for athlete-parents and their children during competitions. The **NWSLPA/NWSL CBA (Article 9, Section 9.5)** and **WNBPA/WNBA CBA (Article XI, Section 1)** requires teams to provide appropriate family housing for players with children during the season. This support ensures athlete-parents can maintain a stable family environment while fulfilling professional commitments.

Equally, the **NWSLPA/NWSL CBA** and **WNBPA/WNBA CBA** stipulate that where player parents live in employer-provided housing, teams must provide a two-bedroom unit for players who have children living with them during the season, either full-time or for a significant amount of time according to a custody agreement.

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in the US, annual net childcare costs nearly one-third of a couple's wages, while this figure is around 25% in the UK and hovers between 5 and 15% in a wide range of countries.



Regulations on Child and Carer Presence in a Team Setting

Many sporting organizations lack clear policies on the presence of children and carers in team environments, creating ambiguity and discomfort for athlete-parents. This can lead to feelings of exclusion or difficulty balancing parenting responsibilities with professional obligations.



Best Practice

Clear regulations should allow children and carers to be present in team settings when appropriate, ensuring that athletes can fulfill both parental and professional duties without unnecessary barriers. Teams should provide designated family-friendly areas at training and competition venues and establish protocols for the presence of children in locker rooms and during team events.

The **FIFPRO Postpartum Return to Play Guide** emphasizes creating inclusive environments that support the presence of children and carers where it does not interfere with team dynamics, helping normalize parenting within professional sport.

The **ACA/CA Players' Parental Leave and Return to Work Policy (Clause 13.2.9)**, the **AFL/AFLPA CBA (Schedule 9: AFLW Pregnancy and Parental Management Travel Policy, p. 151-154; Parental Management and Travel, para 6)**, and the **USWNTPA/ USSF CBA** also provide clear frameworks ensuring that athlete-parents are supported through the regulated inclusion of children and carers within team environments.



5 Women's Health



Fertility/Family Planning Services

As noted, players' peak years of their sporting careers also overlap with their prime years of fertility. Players who delay pregnancy risk complications around infertility and even their own health or the health of their future children. At the same time, fertility services such as in-vitro fertilisation or oocyte cryopreservation and storage, which may provide solutions to the above challenges, are costly and often not covered by health insurance. Low salaries and lack of information can limit players' access to these services.



Best Practice

Employers or governing bodies should aid players in accessing services related to fertility or family planning by at least partially subsidising related costs. Additional supportive measures, such as rest times in accordance with doctors' advice, training adaptation, etc., should be clarified in dedicated policies and protocols.

The **WNBPA/WNBA CBA (Article X, Section 8)** requires teams to reimburse players (with at least 8 years of league experience) for 'costs directly related to adoption, surrogacy, oocyte cryopreservation, or fertility or infertility treatment', which are not covered by their health insurance.

In another form of family planning support, the **NWSLPA/NWSL CBA (Article 9, Section 9.1)** enshrines 'Family Building Benefits'. This agreement requires the league to secure a vendor to aid players with family planning services, which players can opt to utilise. The league will cover the administrative costs while all other costs will be managed by players' health insurance, with the players responsible for any outstanding costs. At the same time, many NWSL clubs have already formed partnerships with family planning service providers, which offer a range of benefits to players.

While some sports are unable to fund these services directly, the **New Zealand Rugby Players Association** has created a retirement investment scheme which players can access early for three reasons: hardship, first home purchase and fertility.

Players should also have access to independent and confidential education about fertility support, which can either be provided or facilitated by player associations but should be at least partially financed by the employer.

In Australia, the **Australian Athletes Alliance (AAA)** has partnered with Monash IVF to provide education on reproductive health, fertility and family planning to AAA members as well as priority access to the clinics' services.

CASE STUDY:

Opening Alternative Pathways to Parenthood

Breanna Stewart, two-time WNBA MVP and three-time Olympic Gold Medallist, began her journey to parenthood in 2019 when [she decided to freeze her eggs](#) while rehabbing from an Achilles' tendon rupture. The possibility of egg freezing or other fertility services can give all players more autonomy and options when it comes to family planning and the impact this can have on their career.

As elective egg freezing, which can be costly out-of-pocket, is not included in most health insurance plans, Stewart and fellow players began to fight for its inclusion along with financial support for adoption, surrogacy and other fertility treatments in their CBA – [achieved in 2020](#).

Stewart has been outspoken about her experiences becoming a mother for the first time with the [birth of her daughter through surrogacy in 2021](#) and then for a second time when her wife gave birth to [their son in 2023](#).

In a nation where there is no national legislation for paid maternity leave and where some states are making it increasingly difficult for women to access fertility services, the members of the WNBPA, alongside their colleagues of the other US women's professional leagues, are leading the way for maternal and parental rights for workers.

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Menstrual and Reproductive Health

The impact of the menstrual and reproductive health on all aspects of sport for female players is under researched and underdeveloped, limiting the potential for players' performance and resulting in higher injury risk or long-term health implications.



Best Practice

This is an area which remains underdeveloped in existing collective bargaining agreements but, at the same time, could be extensive, covering areas such as leave related to menstrual health, requirements for coaching and medical staff education in key areas of women's health, subsidies for sports bra fittings to promote breast health, fertility testing and medical support and information in the prevention of relative energy deficiency in sport (RED-S) and its specific impacts on female health.

The **FIFA RSTPs** recognise and protect players' needs related to their menstrual cycle and menstrual health. Players who are unavailable for training or matches for menstrual health reasons with a valid medical certificate have the right to be absent and receive full remuneration.

At the same time, player associations, such as **The Cyclists' Alliance** and the **Professional Tennis Players Association**, have been creative in terms of support for players in this area including the development of online resources and education on different areas of women's health while other PAs, such as the **Kenyan Footballers Welfare Association**, have developed cost-effective initiatives to promote menstrual health and hygiene in regions where players even lack access to sanitary products.



CASE STUDY:

Menstrual Health Initiatives in Kenya

The Kenya Footballers Welfare Association (KEFWA) is committed to addressing menstrual health challenges faced by female footballers in Kenya. Many players, particularly in the rural areas, struggle to access sanitary products, leading to missed training sessions and matches. To ensure menstruation does not hinder participation in sports, KEFWA has implemented education, product distribution, and skills training programs.

Through menstrual health education sessions, KEFWA trains players on proper hygiene, menstrual cycle tracking, and the use of various sanitary products. These sessions help break taboos and encourage open discussions about menstruation in sports. KEFWA also distributes sanitary products, including disposable and reusable pads, to footballers who lack access.

Rael Kamanda, a Zetech Sparks player in the Kenya Women Premier League, witnessed period poverty while playing for SEP Oyugis, where many teammates missed training due to a lack of sanitary products. To address this, she started a project to make reusable sanitary towels, providing a sustainable and cost-effective solution for female footballers. With KEFWA's support, she trained fellow players in making these reusable towels, ensuring long-term impact while empowering athletes with practical skills.

To sustain and expand these initiatives, KEFWA partners with health organizations, corporate sponsors, and community groups to ensure continued access to menstrual products and training programs. Collaborations with women's rights organizations, sports bodies, and local businesses have helped provide resources, expertise, and funding for menstrual health initiatives. KEFWA also advocates for policy changes to integrate menstrual health education and support into sports programs nationwide.



O U R V A L U E S



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