



# Equal Opportunity Policy

## Aim

The aim of this policy is to provide equal opportunity for all. This includes men, women, people with a disability, people from multicultural, religious and indigenous backgrounds and those with different sexual orientation all having the same rights to access opportunities to participate in club activities.

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## 1 Background

AUSC recognises that not all groups may be able to be fully integrated into underwater activities through AUSC, however, we will at all times not discriminate according to gender, disability, multicultural, religious or indigenous backgrounds and those with differing sexual orientation.

It is also pertinent that officials, staff, referees, volunteers and coaches collectively be afforded equal opportunity.

## 2 Revision

This policy is to be maintained and reviewed by the AUSC Committee.

## 3 Application

This policy applies to all members who participate in AUSC activities.

## 4 Anti-discrimination and harassment

AUSC opposes all forms of harassment, discrimination and bullying. This includes treating or proposing to treat someone less favourably because of a particular characteristic; imposing or intending to impose an unreasonable requirement, condition or practice which has an unequal or disproportionate effect on people with a particular characteristic; or any behaviour that is offensive, abusive, belittling, intimidating or threatening – whether this is face-to-face, indirectly or via communication technologies such as mobile phone and computers.

If any person feels they are being harassed or discriminated against by another person or organisation bound by this policy, please refer to AUSC Complaint Handling Policy, or it can be escalated to AU Sport with their AU Sport Complaint Handling Policy.

## 5 Cultural and religious backgrounds

AUSC aims to provide opportunities for people from multicultural, indigenous and religious backgrounds to participate in activities and sport.

## 6 For people with a disability (physical and intellectual)

AUSC aims to provide opportunities for people with a disability. This is will be achieved by addressing the following areas:

- Consult with any athlete, volunteer or person with a disability on their requirements;
- Determine the accessible expertise and assistance available from the appropriate organisations within the disability and sport sectors;
- Consult with sporting organisations and AU Sport to determine the club's capability to cater for people with disabilities. This includes issues of facility accessibility, field of play requirements and duty of care requirements;
- Promote and encourage all AUSC activities for people with a disability (e.g. snorkelling may be applicable).

## 7 Gender

AUSC does not discriminate against people on the basis of gender. The club will not restrict entry to sports activity to any one gender, except where strength, stamina or physique of the competitor is relevant to the sport.

AUSC is also committed to providing competitions in divisions that are recognised by the relevant National and State Sporting Organisations (NSO/SSO). Where applicable, AUSC will adopt the Australian University Sport (AUS) and NSO rules, regulations and policies in relation to gender where these are available and in line with anti-discrimination laws.

### 7.1 Gender identity

Those who identify as transgender, like anyone else should be treated fairly, with dignity and respect. This includes acting with sensitivity and respect where a person is undergoing gender transition.

AUSC recognises that the exclusion of transgender people from participation in activities and sporting events has significant implications for their health, well-being and involvement in community life. In general AUSC, in cooperation with the NSO/SSO, will facilitate transgender persons participating in activities/sport with the gender with which they identify. AUSC recognises that where the strength, stamina or physique of competitors is relevant to a sport, it may be inappropriate to offer participation in all competitions.

Drug testing procedures and prohibitions also apply to people, who identify as transgender. A person receiving treatment involving a Prohibited Substance or Method, as described on the World Anti-Doping Agency's Prohibited List, should apply for a standard Therapeutic Use Exemption.

### 7.2 Pregnancy

Everyone bound by this policy must treat pregnant women with dignity and respect and while many activities are safe for pregnant women, there may be particular risks that apply to some women during pregnancy. Those risks will depend on the nature of the sporting activity and the particular pregnant woman's circumstances. Pregnant women should be aware that their own health and wellbeing, and that of their unborn children, should be of utmost importance in their decision making about the way they participate in sport.

AUSC recommends that pregnant women wanting to participate in underwater activities and sport consult with their medical advisers, make themselves aware of the facts about pregnancy in sport, consult their NSO Policy (which would override this policy) and ensure that they make informed decisions about participation.

The pregnant player or official is covered by the same personal accident policy that is provided for all registered members of AU Sport. However, the player or official is not covered if the injury is found to be due to the pregnancy and no cover is provided for the unborn child.

## 8 Sexual relationships between coach and athlete

AUSC takes the view that intimate relationships (whether or not of a sexual nature) between coaches and athletes, while not necessarily constituting harassment, can have harmful effects on the athlete, on other athletes and on the sport's public image. Such relationships may be perceived to be exploitative because there can be a disparity between coaches and athletes in terms of authority, maturity, status, influence and dependence.

AU Sport recommends that, in the event that an athlete attempts to initiate an intimate relationship, the coach must take personal responsibility for discouraging such approaches, explaining the ethical basis for such actions.

The coach or athlete may wish to approach AUSC committee personnel, or AU Sport if they feel harassed.

## 9 References

AU Sport – *Equal Opportunity Policy*, approved by AU Sport Board on 14 July 2014,  
<http://www.theblacks.com.au/Common/Filer.ashx?FID=4291>.

Australian Sports Commission – Member protection template Version 7,  
[http://www.ausport.gov.au/supporting/integrity\\_in\\_sport/resources/national\\_member\\_protection\\_policy\\_template](http://www.ausport.gov.au/supporting/integrity_in_sport/resources/national_member_protection_policy_template).

Australian University Sport Equal Opportunity Policy,  
<http://www.unisport.com.au/InsideAUS/OrganisationalPolicies/Pages/EventParticipationGuidelinesPolicies.aspx>.

Held, Heather E., and Pollock, Neal W. – *Risks of Diving While Pregnant, The*, Alert Diver March/April 2007,  
<https://www.diversalertnetwork.org/medical/articles/download/OB%20&%20Diving.pdf>.

## 10 Document control

Revision (Date)	Person	Comments
0 (13/10/2015)	<b>Author:</b> David Warren <b>Reviewed:</b> Committee (via Meeting 13/10/2015) <b>Approved:</b> David Warren	Document released to club membership.

## Appendix A Anti-discrimination and harassment definitions

### A.1 Abuse

Abuse is a form of harassment and includes physical abuse, emotional abuse, sexual abuse, neglect, and abuse of power. Examples of abusive behaviour include bullying, humiliation, verbal abuse and insults.

### A.2 Bullying

Bullying is repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons.

### A.3 Discrimination

Discrimination occurs when someone is treated unfairly or less favorably than another person in the same or similar circumstances because of a particular personal characteristic. This is known as direct discrimination. Indirect discrimination occurs when a rule, policy or practice disadvantages one group of people in comparison with others, even though it appears to treat all people the same.

In Australia, it is against the law to discriminate against someone because of their:

- age
- disability
- family/carer responsibilities
- gender identity/transgender status
- homosexuality and sexual orientation
- irrelevant medical record
- irrelevant criminal record
- political belief/activity
- pregnancy and breastfeeding
- race
- religious belief/activity
- sex or gender
- social origin
- trade union membership/activity.

### A.4 Harassment

Harassment is any type of behaviour that the other person does not want and that is offensive, abusive, belittling or threatening. The behaviour is unwelcome and a reasonable person would recognise it as being unwelcome and likely to cause the recipient to feel offended, humiliated or intimidated.

Unlawful harassment is sexual or targets a person because of their race, sex, pregnancy, marital status, sexual orientation or some other characteristic

It does not matter whether the harassment was intended: the focus is on the impact of the behaviour. The basic rule is, if someone else finds it harassing then it could be harassment. Harassment may be a single incident but is usually repeated. It may be explicit or implicit, verbal or non-verbal.

Discrimination and harassment are not permitted in employment (including volunteer and unpaid employment); when providing sporting goods and services including access to sporting facilities;

when providing education and accommodation; the selection or otherwise of any person for competition or a team (domestic or international); the entry or otherwise of any player or other person to any competition and the obtaining or retaining of membership of clubs and organisations (including the rights and privileges of membership).

Some exceptions to state and federal anti-discrimination law apply. Examples include:

- holding a competitive sporting activity for females only who are under 12 years of age or of any age where strength, stamina or physique is relevant or
- not selecting a participant if the person's disability means he or she is not reasonably capable of performing the actions reasonably required for that particular sporting activity.

Requesting, assisting, instructing, inducing or encouraging another person to engage in discrimination or harassment may also be against the law.

It is also a breach of discrimination law to victimise a person, who is involved in making a complaint of discrimination or harassment. Example: a player is ostracised by her male coach for complaining about his sexist behaviour or for supporting another player, who has made such a complaint.

Public acts of racial hatred, which are reasonably likely to offend, insult, humiliate or intimidate are also prohibited. This applies to spectators, participants or any other person, who engages in such an act in public. Some states and territories also prohibit public acts that vilify on other grounds such as homosexuality, gender identity, HIV/AIDS, religion and disability – see Vilification below.

#### A.5 Sexual harassment

Sexual harassment means unwanted, unwelcome or uninvited behaviour of a sexual nature which makes a person feel humiliated, intimidated or offended. Sexual harassment can take many different forms and may include unwanted physical contact, verbal comments, jokes, propositions, display of pornographic or offensive material or other behaviour that creates a sexually hostile environment.

Sexual harassment is not behaviour based on mutual attraction, friendship and respect. If the interaction is between consenting adults, it is not sexual harassment.

#### A.6 Sexual offence

Sexual offence means a criminal offence involving sexual activity or acts of indecency including but not limited to (due to differences under state/territory legislation):

- Rape
- Indecent assault
- Sexual assault
- Assault with intent to have sexual intercourse
- Incest
- Sexual penetration of child under the age of 16
- Indecent act with child under the age of 16
- Sexual relationship with child under the age of 16
- Sexual offences against people with impaired mental functioning
- Abduction and detention
- Procuring sexual penetration by threats or fraud
- Procuring sexual penetration of child under the age of 16
- Bestiality
- Soliciting acts of sexual penetration or indecent acts

- Promoting or engaging in acts of child prostitution
- Obtaining benefits from child prostitution
- Possession of child pornography
- Publishing child pornography and indecent articles.

#### A.7 Victimisation

Victimisation means subjecting a person or threatening to subject a person to any detriment or unfair treatment because that person has or intends to pursue their rights to make a complaint under government legislation (e.g. anti-discrimination) or under this Policy, or for supporting such a person.

#### A.8 Vilification

Vilification involves a person or organisation doing public acts to incite hatred towards, serious contempt for, or severe ridicule of a person or group of persons having any of the attributes or characteristics within the meaning of discrimination. Public acts that may amount to vilification include any form of communication to the public and any conduct observable by the public.

# The Risks of Diving While Pregnant

## Reviewing the Research



JAMES D. WRIGHT / IMAGEQUESTMARINE.COM

### Should a pregnant woman scuba dive?

Whether expectant women should dive is a question that affects not only female divers but also their partners, dive buddies and dive professionals. Most divers can recall from their open water training that women are encouraged to stop diving during pregnancy, but few classes go into further detail.

What are the risks of diving while pregnant? What is it about scuba diving that is dangerous for a developing fetus? The published literature provides a foundation for the discussion.

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*Alert Diver* ■ [www.DiversAlertNetwork.org](http://www.DiversAlertNetwork.org)

As with all research, there are limitations on how much the available studies can tell us. For ethical reasons, experiments with pregnant women are very limited. Most studies conducted with humans are surveys, and surveys have weaknesses, most importantly that they are not as easily controlled as laboratory research and that they can easily be biased.

A survey of female divers who had recently given birth included 69 women who had not dived during their pregnancies and 109 women who had. The nondiving women reported no birth defects, while the diving women reported an incidence of 5.5 percent.<sup>7</sup> To provide perspective, the survey author stated that the latter rate was within the normal range for the national population. The small sample size and the likelihood of selection bias in those responding to the survey make the results even more difficult to interpret.

While surveys can establish correlations, they cannot confirm causal relationships. In this case, they cannot confirm that diving caused a defect. To obtain such data, scientists rely on more highly controlled animal studies.

### 'Diving' in chambers

Hyperbaric chambers, which can simulate the increased pressure of diving, have been used to test different species of animals. Those results must then be translated to the human experience.

Many complex processes occur during pregnancy, and insults (disruptions of normal events) can lead to varied complications. Most diving-related studies have addressed the first and third trimesters of pregnancy. First trimester research has concentrated on the teratogenic, or birth-defect-causing, effects of hyperbaric oxygen (HBO). Third trimester research

TABLE 1. Depth at oxygen partial pressure limits for humans.

Breathing Gas	PO <sub>2</sub> Limit			
	1.4 ATA Depth		1.6 ATA Depth	
	(fsw)	(msw)	(fsw)	(msw)
100% O <sub>2</sub>	13	4	20	6
36% Nitrox	95	29	114	35
32% Nitrox	111	34	132	40
Air (21% O <sub>2</sub> )	187	57	218	66

has examined the effects of decompression sickness (DCS) on the fetus and how diving and the fetal circulatory system interact.

A range of developmental abnormalities have been associated with hyperbaric exposure. These include low birth weights among the offspring of diving mothers<sup>14,15,26</sup>; fetal abortion<sup>28</sup>; bubbles in the amniotic fluid<sup>13,25</sup>; premature delivery<sup>14</sup>; abnormal skull development<sup>11,15,16</sup>; malformed limbs<sup>11,15,16</sup>; abnormal development of the heart<sup>16,20</sup>; changes in the fetal circulation<sup>2</sup>; limb weakness associated with decompression sickness<sup>21</sup>; and blindness<sup>14</sup>.

We expose ourselves to hyperbaric oxygen – that is, oxygen concentrated by pressure – during almost all dives. A safe limit for the partial pressure of oxygen (PO<sub>2</sub>) is frequently accepted as 1.4 to 1.6 atmospheres of absolute pressure (ATA)<sup>19</sup>. Table 1 shows the depth (in fsw and msw) where these PO<sub>2</sub> levels are achieved with different breathing gas mixtures.

Rodents, which have large litters and relatively short gestational periods<sup>12</sup>, have been used to study the effects of HBO on developing fetuses. Female hamsters experiencing untreated DCS had offspring with severe limb and skull abnormalities.<sup>15,16</sup> Pregnant hamsters experiencing HBO-treated decompression sickness also bore offspring with defects, though with less frequency than

the untreated group<sup>15</sup>. Neither study reported noticeable differences in anatomical development between offspring from the nondiving control group and the group that dived without developing signs of DCS<sup>15,16</sup>.

Fetal rat hearts have proven sensitive to multihour HBO exposure (3.0 ATA for eight hours), albeit of a magnitude in excess of what humans could tolerate. In almost half the cases, the septum, which divides the right and left sides of the heart, failed to form properly<sup>20</sup>. Major blood vessels were positioned incorrectly just as often, compromising normal circulatory patterns<sup>20</sup>.

Another study of HBO-exposed rats found no significant differences between offspring from mothers that had dived and offspring from mothers that had not dived<sup>6</sup>. The PO<sub>2</sub> in this study (1.3 ATA for 70 minutes) was significantly less than that used in the previous study. The treatment difference may explain the dissimilar results.

Table 2 shows a summary of the timeline for human fetal development. It appears that hyperbaric exposure can alter the signals fetal tissues rely on to correctly orchestrate developmental processes. The nature of the abnormality is influenced by the timing of the insult. It is important to note, however, that exposure will not affect development in all instances.

Table 2. Fetal development during pregnancy  
(modified from WebMD<sup>21</sup> and The March of Dimes<sup>16</sup> websites)

Time Period		Fetal Development
1st Trimester	1st Month	Limb buds (arms and legs), heart, lungs, neural tube (spinal cord and brain), placenta, jaw, throat, blood cells form; heart starts beating by day <sup>22</sup>
	2nd Month	Ears, arms, legs, eyelids, fingers and toes grow; bone begins to replace cartilage; major organ systems are formed but still developing
	3rd Month	Fingernails, toenails, buds in mouth (future teeth), hair, ears, reproductive organs grow; circulatory and urinary systems begin to function
2nd Trimester	4th Month	Eyelids, eyebrows, eyelashes form; nervous system starts to function
	5th Month	Fingerprints and toeprints formed; muscles develop; period of rapid growth
	6th Month	Eyelids part and eyes open
3rd Trimester	7th Month	Fat deposition; fetus responds to light, sound, and pain
	8th Month	Fat deposition; rapid brain growth; lungs still maturing
	9th Month	Lungs mature, reflexes become coordinated

### Decompression stress

The relative risk of decompression stress on mother and fetus is another question for consideration. Given sufficient decompression stress, blood returning to the heart from the body may contain venous gas emboli (VGE or bubbles)<sup>23</sup>. Sheep have been studied frequently because of the similarity between sheep- and human placentae. Fetal sheep whose mothers underwent decompression dives (following U.S. Navy dive tables) sometimes formed bubbles even when the mothers showed no signs of DCS<sup>13,21</sup>.

When the ewes did develop signs of DCS, the fetuses demonstrated even more dramatic evidence of affliction. Researchers reported being able to tell that a fetus had bubbles by detecting early cardiac arrhythmias<sup>21</sup>. For the fetus, these abnormal heartbeats could be life-threatening. The offspring of some sheep that were dived late in pregnancy showed limb weakness and spinal defects associated with DCS, even when the mother had remained symptom-free<sup>21</sup>.

Scientists have long known that so-called 'silent bubbles' – those not associated with

symptoms – can develop after diving (note: Dr. Albert Behnke, a pioneer in modern diving medicine and physiology research, is credited for coining this term<sup>4</sup>). Fully functional lungs are extremely effective in filtering bubbles from the circulation. In the fetus, however, most blood bypasses the lungs (via the foramen ovale and ductus arteriosus shunts), and gas exchange occurs through the placenta. Thus, pulmonary filtration of bubbles does not occur within the fetus. This may increase the risk of arterial gas embolism (AGE), with potentially devastating consequences.

Fetal circulation requires further consideration. During a series of dives that exposed ewes to 100 percent oxygen at 3.0 ATA for approximately 50 minutes, researchers noticed that the circulatory shunts began to close while at depth. Flow through the foramen ovale dropped by 50 percent, and the ductus arteriosus flow fell to zero or even reversed direction<sup>2</sup>.

Once the dives were completed, the circulation reverted to its usual form, and the researchers did not notice any negative effects from the temporary change.

Whether the fetus suffered consequences that were not obvious to the researchers was unclear.

The animal study data can be compared with human experience. Premature closure of the ductus arteriosus during human pregnancy has been associated with congestive heart failure<sup>1,3,18</sup> and neonatal death<sup>3,5,18</sup>. Such closure can unintentionally be induced by prolonged use of indomethacin, a drug commonly used to halt premature labor<sup>9</sup>. Whether scuba diving could induce problematic closure is uncertain, but the possibility should be considered.

### Practical considerations

In addition to possible risk to the fetus, changes in a woman's body during pregnancy might make diving more problematic. Swelling of the mucous membranes in the sinuses could make ear clearing difficult<sup>8,10</sup>, and nausea may increase discomfort<sup>10,27</sup>.

The physical aspects must also be appreciated. A woman's growing abdomen could pose a problem in fitting suits, buoyancy compensation devices, weight belts and other equipment. In addition to the hazards inherent in poorly fitted gear, diving simply may not be enjoyable.

### Decisions

Sifting through the published literature reveals why there is debate over the topic. Data are limited and, in many cases, apparently inconsistent. While this makes drawing conclusions more difficult, it should not be surprising.

Science is very rarely as clear-cut as might be desired. It is difficult to design an ethical experiment that tests only the variable of interest and controls for all others. It is the researcher's job to design the best experiments possible, and it is the individual's or advocate's responsibility

to examine the results and decide how to best respond to them.

The question of diving and pregnancy is a difficult one to study since the trend is for women to refrain from diving while pregnant<sup>24</sup>. Most physicians treat diving as they would any drug for which the evidence with respect to pregnancy is incomplete: If there is not a good reason to take it, avoid it.

Anyone who inadvertently dives while pregnant, however, may take solace in the anecdotal evidence from women reporting repeated diving during pregnancy without complication. There is certainly insufficient evidence to warrant termination of a pregnancy. Moreover, if emergency hyperbaric oxygen is required during pregnancy, for example to treat carbon monoxide poisoning, the evidence suggests that the risk to the fetus with treatment is lower than without.

The overall picture of the literature indicates that, while the effect may be small, diving during pregnancy does increase the risk to the fetus, and the consequences could be devastating to all involved. Appreciating these essential factors, the prudent course is to avoid diving while pregnant. While it is possible that some diving could be completed without impact, the absolute risk of any given exposure cannot be determined from the available data. Given the ethical challenges of research on diving during pregnancy and the fact that diving represents a completely avoidable risk for most women, it is unlikely that studies will be conducted to establish the absolute risk in the foreseeable future.

### About the Authors

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