

Protection of New & Expectant Mothers at Work

Health and Safety Risk Assessment Procedure for Managers

Issued by Occupational Safety Team

Originally Issued: November 1995

Last Reviewed: July 2021

Contents

Manager’s Responsibilities 3

Introduction..... 3

Definitions..... 4

What Must Managers Do? 4

 General Risk Assessments.....4

 Individual Risk Assessment.....4

Protecting the Individual – Risk Control Options 4

Risks to Consider..... 5

Breastfeeding 5

Night Work..... 5

What Happens Next?..... 6

Appendix 1 Risk Assessment Guidance notes..... 7

Manager's Responsibilities

What are your responsibilities as a manager?

Ensure that: -

- the general work/workplace risk assessments have considered female employees of childbearing age, including new and expectant mothers, and information has been given to all staff
- when an individual informs you they are pregnant, breastfeeding or have given birth within the last 6 months, complete a *New & Expectant Mothers at Work Risk Assessment* form to identify any additional risks
- if risks are identified, take action to protect the health and safety of the individual and/or that of their child
- the risk assessment is regularly reviewed as the pregnancy progresses, to identify additional risks or problems
- if the individual returns to work following the birth, continue the assessment in relation to her as a new mother.

Introduction

Pregnancy is a natural state, not an illness. A healthy, pregnant woman can usually do most of the jobs that she did before becoming pregnant. Many women work while they are pregnant and may return to work while they are still breastfeeding.

In most cases, good standards of general health and safety management should be sufficient to protect new and expectant mothers. However, there may be particular work situations where there are recognised risks to new and expectant mothers and/or their child.

Specific laws relating to new and expectant mothers at work are mainly contained in:

- the Management of Health and Safety at Work Regulations 1999 (MHSW) which require employers to protect the health and safety of new and expectant mothers
- the Workplace (Health, Safety and Welfare) Regulations 1992 which require employers to provide suitable rest facilities
- the Equality Act 2010 which provides protection to pregnant women and those on maternity leave against discrimination. Depending on the circumstances, this can include failing to carry out a risk assessment under MHSW regarding a pregnant worker.

This document is based on HSE guidance and aims to provide managers with the necessary information to comply with the law. Contact the Occupational Safety Team for further advice if needed. The Occupational Health Advisers can also be contacted for health/medical related advice.

Definitions

The phrase 'new or expectant mother' means:-

- any employee who is pregnant
- any employee who has given birth within the previous 6 months
- any employee who is breastfeeding

'Given birth' is further defined as "delivered a living child or, after 24 weeks of pregnancy, a stillborn child".

What Must Managers Do?

General Risk Assessments

Pregnancy can often go undetected for the first 4-6 weeks and the unborn child is particularly vulnerable in the early months of pregnancy. Therefore, it is important that managers consider the risks to new and expectant mothers and/or their child when completing all risk assessments, taking any necessary action to ensure they would not be exposed to any significant risk.

If risk assessments identify a specific risk to new and expectant mothers and/or their child, inform female staff of child bearing age about it and explain what controls are in place to ensure that they are not exposed to risks that could cause them, or their child, harm if they became pregnant or were breastfeeding.

Individual Risk Assessment

When notified that a member of staff is a new or expectant mother, the manager must carry out an individual risk assessment with them. The **New and Expectant Mothers Risk Assessment** form has been produced to help facilitate this process. It is an assessment of their work, helping to identify if it presents any risks to the individuals health and safety, or that of their child, and takes into account if the employee is experiencing any particular problems undertaking work tasks.

Occupational Safety Advisers and Occupational Health Advisers can advise managers and employees where necessary.

The assessment should be reviewed frequently as different problems may arise during the different stages of the pregnancy (e.g. morning sickness may affect some women early on, while later their increased size may make manual handling tasks difficult).

The Workplace Regulations require employers to provide suitable rest facilities for workers who are pregnant or breastfeeding. The facilities should be suitably located (e.g. near to toilets) and **where necessary** (i.e. requested by the doctor or midwife) should provide appropriate facilities for the new or expectant mother to lie down.

Protecting the Individual – Risk Control Options

When there is a significant health & safety risk to new and expectant mothers and/or their child, **the first priority must always be to remove the hazard or prevent exposure to the risk.**

When identifying preventive or protective measures, consider the following options, in this order, for risk control -

Protection of New & Expectant Mothers at Work

Option 1 – Remove the risk

Option 2 – Where Option 1 is not possible, alter the individual's working conditions or hours of work if this would avoid the risk and it is reasonable to do so

Option 3 – If Option 2 is not possible, give the individual suitable alternative work on the same terms and conditions

Option 4 – If Option 3 is not possible, the individual must be sent home from work on full pay for as long as is necessary to avoid the risk and protect the health and safety of her and/or her child.

Record action taken on the **New and Expectant Mothers Risk Assessment** form.

Risks to Consider

The law states the risks to assess for new or expectant mothers at work as -

- Physical risks
- Biological risks
- Chemical risks
- Working conditions
- Physiological risks

see Appendix 1 for examples of risk and appropriate control measures.

Breastfeeding

On receiving written notification that a member of staff is breastfeeding, the manager must ensure she is not exposed to risks that could damage her health and safety, or that of her child, for as long breastfeeding continues. Complete a **New and Expectant Mothers Risk Assessment** form in relation to breastfeeding and review regularly. Where risks are identified and controls put in place, continue to follow the actions for as long as necessary. The regulations do not put a time limit on breastfeeding. It is for the individual to decide how long they wish to breastfeed.

It is good practice to provide a healthy and safe environment for breastfeeding mothers where they can breastfeed or express breast milk i.e. access to a private room; use of a secure, clean refrigerator for storing expressed breast milk while at work; facilities for washing, sterilising and storing receptacles; time off (without loss of pay or benefits, and without fear of penalty) to express milk or breastfeed.

It is unlikely that employees who continue breastfeeding will be exposed to risks which give rise to the need for them to be offered alternative work or given paid leave. Managers can contact one of the Occupational Health Advisers for advice if necessary.

Night Work

If a new or expectant mother performs night work and has a medical certificate to say that she should not do so, the manager must either:-

- a) offer her suitable alternative daytime work
or, if that is not reasonable,

- b) suspend her from work, on paid leave, for as long as is necessary to protect her health and safety and that of her child.

What Happens Next?

Completing the **New and Expectant Mothers Risk Assessment** is not a one-off task. It must be reviewed frequently during the course of the pregnancy and after the birth whilst breastfeeding, due to the changes experienced by the individual at each stage.

Any action needed should be recorded on the risk assessment form and implemented as soon as is practicable. Changes or amendments to the provisions made during the different stages of the assessment should be clearly dated.

Managers must be mindful of the confidential/private nature of the information on the risk assessment form. At the end of pregnancy/breastfeeding, when the assessment is no longer required, the risk assessment form should be stored on the individuals personal file.

Appendix 1 Risk Assessment Guidance notes

This list is not exhaustive and other control options / solutions may be appropriate. Other risk factors may become apparent during the risk assessment process.

Hazards, Agents, Working conditions	Risk Information	Risk Control Options / Manager action
Physical Risks These are hazards that could increase the risk of miscarriage and /or injury to the new or expectant mother.		
Movement & Posture	<p>The type of injury or ill health caused by movement or posture during and after pregnancy will depend on a number of factors, including:-</p> <ul style="list-style-type: none"> • nature, duration and frequency of tasks or movements • pace, intensity and variety of the work • patterns of working time and rest breaks • the working environment • the suitability and adaptability of any work equipment involved <p>Postural problems can occur at different stages of pregnancy and on returning to work, depending on the individual and her working conditions. These problems may increase as the pregnancy progresses, especially if the</p>	<p>Pregnant women should avoid long periods spent standing or sitting without the opportunity to exercise or move around to maintain healthy circulation. Provide opportunities for them to alternate between standing and sitting. If this is not possible, provide adequate opportunities for breaks/task changes.</p> <p>Consider, where reasonably practicable and appropriate, adjusting workstations or work tasks, or using different work equipment to reduce the risks.</p>

	<p>work involves awkward movements or long periods of standing or sitting in one position.</p> <p>Constant standing during the working day may lead to dizziness, faintness and fatigue. It can also contribute to an increased risk of premature birth and miscarriage.</p> <p>Pregnancy-specific changes present a relatively high risk of thrombosis or embolism, particularly with constant sitting.</p> <p>In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a static position for long periods.</p>	
<p>Manual Handling</p>	<p>New and expectant mothers are especially at risk from manual handling injury.</p> <p>Hormonal changes can affect the ligaments during pregnancy, increasing the risk of injury. The damage caused may not become clear until some time after the birth. Postural problems may also increase as the pregnancy progresses.</p> <p>There are significant risks to those who have recently given birth. For example, after a Caesarean the individual's moving and handling capability will be reduced.</p> <p>Breastfeeding mothers may also experience discomfort when manual handling.</p>	<p>Assess the manual handling activity and the specific needs of the individual and control risks by reducing the amount of physical work she has to do or providing her with aids to reduce the risks.</p> <p>It may be possible to alter the task to reduce the risks from manual handling for all workers including new or expectant mothers.</p>

<p>Shocks, Jolts or Vibrations</p>	<p>Regular exposure to shocks, jolts, low frequency vibrations or excessive movement may increase the risk of a miscarriage.</p> <p>Long-term exposure to whole body vibration is not known to cause abnormalities to the unborn child. However, there may be an increased risk of premature birth or low birth weight.</p> <p>Breastfeeding workers are at no greater risk than other workers.</p>	<p>Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen would be exposed to shocks or jolts.</p>
<p>Noise</p>	<p>If noise is an issue in the workplace, compliance with the requirements of the Noise at Work Regulations should be sufficient to meet the needs of new or expectant mothers.</p>	
<p>Ionising Radiation</p>	<p>Significant exposure to ionising radiation can be harmful to an unborn child. As pregnancy can often go undetected for 4-6 weeks, normal work procedures must be designed to keep individual exposure as low as reasonably practicable.</p> <p>Compliance with the requirements of the Ionising Radiation Regulations should be sufficient to meet the needs of new or expectant mothers.</p>	

Biological Risks

Biological Agents (Infectious Diseases)

Biological agent is defined as a micro organism, cell culture or human endoparasite which may cause infection, allergy, toxicity or otherwise create a hazard to human health. They can affect the mother and/or child. Some may be transmitted through the placenta while the child is in the womb and after birth through breastfeeding or through close physical contact between mother and child.

Examples include Hepatitis B, HIV, herpes type infections, TB, syphilis, Rubella, toxoplasma, chicken pox and typhoid.

For most workers the risk is not higher at work than from elsewhere, but in certain occupations exposure to infections is more likely, for example laboratory work, nursery school, health care or looking after animals.

Workplace exposure to any biological agent that could endanger the health of pregnant women or their unborn child needs to be considered in risk assessments. The risk assessment should take into account the agent involved, how it is spread and how likely it is that an infection could be transmitted and what control measures are already in place.

A risk from any infectious or contagious disease need only be assessed if the level of risk is higher than that normally encountered outside the workplace.

When undertaking the New & Expectant Mothers Risk Assessment, refer to other relevant risk assessments and ensure the control measures in place will protect the individual. If in doubt consider the specific needs of the new or expectant mother and introduce control measures if appropriate.

Control options may include physical containment, additional hygiene and infection control measures or vaccination if exposure justifies this. If there is a known, or suspected, high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.

Managers should contact Employee Health & Wellbeing and/or HR Adviser for help and advice.

Chemical Risks

Chemical Agents

Chemical agents may enter the body through inhalation, ingestion, absorption through the skin or through cuts/wounds. Those known to affect new and expectant mothers include toxic chemicals, mercury, carbon monoxide, lead, pesticides and cytotoxic drugs. Some hazardous substances may cause heritable genetic damage.

Exposure is more likely in certain occupations e.g. laboratory work, health care, horticulture, waste disposal, engineering, mechanics.

Further measures will not usually be necessary to safeguard new or expectant mothers, as long as the risks to staff from hazardous substances used at work have been adequately addressed as per the Control of Substances Hazardous to Health (COSHH) Regulations. (*See COSHH Risk Assessment Guidance for further details*).

The actual risk to health from chemical agents can only be determined following a risk assessment of a particular substance at the place of work – i.e. although a substance may have the potential to endanger health or safety, there may be no risk in practice, e.g. if exposure is below a level which might cause harm.

When undertaking the New & Expectant Mothers Risk Assessment, refer to other relevant risk assessments and ensure the control measures in place will protect the individual. If in doubt, consider the specific needs of the new or expectant mother and introduce control measures if appropriate.

COSHH assessments should make specific reference to women who are pregnant, or who have recently given birth.

Prevention of exposure must be the first priority. If this is not possible, control measures should include good work planning and the use of Personal Protective Equipment (PPE).

Substitution of harmful agents should be made, if possible.

Working conditions

Facilities

Resting facilities

Rest, both physical and mental, is important for new and expectant mothers. Tiredness increases during and after pregnancy and may be made worse by work. Adequate and appropriate rest facilities should be available for new and expectant mothers.

Hygiene facilities

Without easy access to toilets and associated hygiene facilities at work due to distance, work processes or systems etc., there is an increased risk to the health and safety of expectant mothers, e.g. a significant risk of infection or kidney disease.

Changes associated with pregnancy and breastfeeding often mean that women have to go to the toilet more frequently and more urgently than others.

Breastfeeding

Provide, as far as is reasonably practicable, access to appropriate facilities for breastfeeding mothers to express and safely store breast milk, or to enable infants to be breastfed at, or near, the workplace. This will facilitate new mothers breastfeeding and may significantly protect the health of both mother

When undertaking the New & Expectant Mothers Risk Assessment consider the specific needs of the new or expectant mother and arrange access to appropriate facilities as far as is reasonably practicable.

	and infant.	
Mental and Physical Fatigue	<p>Both mental and physical fatigue increase during pregnancy and in the postnatal period due to the various physiological and other changes taking place.</p> <p>Rest is important for new and expectant mothers. Tiredness increases during and after pregnancy and may be exacerbated by work-related factors. The need for rest is both physical and mental.</p>	<p>Managers should do what is reasonably practicable to facilitate physical rest e.g.</p> <ul style="list-style-type: none"> • seating, • more frequent rest breaks • the use of a rest room with somewhere to lie down should be provided where necessary i.e. when requested by the doctor or midwife. <p>Access to clean drinking water should also be available.</p> <p>.</p>
Working Hours	<p>Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers and on breastfeeding. Not all women are affected in the same way, and the associated risks vary with the type of work undertaken, the working conditions and the individual concerned.</p> <p>Some pregnant or breastfeeding women may not be able to work irregular or late shifts, night work or overtime because they suffer from</p>	<p>As a result of doing the New & Expectant Mothers Risk Assessment, it may be necessary to temporarily alter the individual's working hours, as well as other working conditions such as timing and frequency of rest breaks, changes in shift patterns and duration etc.</p>

	<p>increased tiredness levels. Working time arrangements (including provisions for rest breaks, and their frequency and timing) may affect the health of the pregnant woman and her unborn child, her recovery after childbirth, or her ability to breastfeed, and may increase the risks of stress and stress-related ill health.</p> <p>Changes in blood pressure that may occur during and after pregnancy and childbirth mean that normal patterns of work breaks may not be adequate for new or expectant mothers.</p>	<p>Contact Employee Health & Wellbeing and/or HR Adviser for help and advice.</p>
<p>Workplace Stress</p>	<p>New and expectant mothers can be particularly vulnerable to workplace stressors because:-</p> <ul style="list-style-type: none"> • hormonal, physiological and psychological changes occur, sometimes rapidly, during and after pregnancy affecting susceptibility to stress • financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy • it may be difficult to organise work and private life, especially with long, unpredictable or unsociable working hours or where other family responsibilities are involved. <p>Additional stress may occur if a woman's anxiety about her pregnancy, or about its outcome (e.g. where there is a past history of</p>	<p>Consider known stress factors within the individual's job (such as shift patterns, job insecurity, workloads, risk of violence etc.) and the particular medical factors and anxieties affecting her, when completing the New & Expectant Mothers Risk assessment.</p> <p>Protective measures may include adjustments to working conditions or working hours, and ensuring that the necessary understanding, support and recognition is available when the woman returns to work, whilst also respecting her privacy.</p>

	<p>miscarriage, stillbirth or other abnormality) is heightened as a result of peer group or other pressure in the workplace. This can lead to increased vulnerability to other workplace stressors.</p> <p>Some women may develop postnatal depression after childbirth, which could make them more vulnerable to stressors.</p>	
Passive Smoking	<p>The effects of passive smoking in the early stages of pregnancy are well known, especially where the mother smokes, and are known to affect the heart and lungs and to pose a risk to infant health. Cigarette smoke can also aggravate conditions such as asthma.</p>	<p>New and expectant mothers should not be exposed to smoke-filled atmospheres whilst at work. The Council's policy on smoking gives priority to the needs of non-smokers.</p> <p>Where it is not possible to protect an individual because they work out in the community (e.g. in a service user's home), wherever possible make provision so that they don't have to go into such an environment.</p>
Extremes of Temperature	<p>Pregnant workers should not be exposed to hot environments for prolonged periods as there is a greater risk of them suffering from heat stress due to the pregnancy.</p> <p>Breastfeeding may also be impaired by heat dehydration.</p>	<p>Provide adequate rest and refreshment breaks and unrestricted access to drinking water. New and expectant mothers are encouraged to drink water before they get thirsty, preferably frequent, small volumes.</p> <p>Suitable clothing should be worn.</p>

	<p>Working in extreme cold may also be a hazard for pregnant women and their unborn child.</p> <p>The risks will be higher where the temperature changes suddenly, e.g. where going from a cold environment to a hot one is required and vice versa.</p>	
Lone Working	<p>Any risks from lone working should have already been identified in general risk assessments. However, pregnant women are more likely to need urgent medical attention if, for example, an incident occurs.</p>	<p>Assess the control measures already in place for lone workers. Any emergency procedures also need to take into account the needs of new and expectant mothers.</p> <p>If the need arose, would adequate help and support be available, or quickly contactable, for the new or expectant mother.</p>
Work At Heights	<p>Pregnant women are at greater risk of falling from heights, and the consequences more severe if a fall occurs.</p>	<p>The New & Expectant Mothers Risk Assessment should consider the necessity for the individual to work at height (e.g. using stepladders or platforms). Where possible, it should be avoided.</p>
Violence	<p>Sudden movement or shock, especially due to violence at work, during pregnancy, after recent birth or while breastfeeding may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and</p>	<p>The risk of violence should already have been considered in general risk assessments and measures put into place to reduce or control the risks. In the New & Expectant</p>

	<p>underweight birth, and it may affect the ability to breastfeed.</p>	<p>Mothers Risk Assessment consider any further measures that may be needed to protect the individual e.g.</p> <ul style="list-style-type: none"> • adjusting work tasks to avoid lone working or working with those known to be potentially violent; more frequent contact with workers away from work base etc. • Improving the design or layout of the workplace to reduce the risk of violent incidents e.g. in public access areas, interview rooms. <p>If the risk of violence in the existing job remains significant, consider offering the individual suitable alternative work on a temporary basis.</p> <p>Contact Employee Health & Wellbeing and/or HR Adviser for help and advice.</p>
<p>Work Equipment and Personal Protective Equipment (PPE)</p>	<p>Work equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some existing work and protective equipment uncomfortable and, in some cases, unsuitable or even unsafe for use.</p>	<p>In the New & Expectant Mothers Risk Assessment take account of changes in risk as the pregnancy progresses and when a new mother returns to work.</p> <p>Wherever possible, any risk highlighted should be avoided by</p>

		<p>adaptations or substitution, e.g. providing suitable alternative clothing or equipment to allow the work to be conducted safely and without risk to health. If there is nothing suitable, consider suitable alternative work for the individual, on a temporary basis. Do not allow unsafe working.</p>
<p>Meal Breaks</p>	<p>The provision of adequate meal breaks and access to clean drinking water at regular intervals is essential to the health of new and expectant mothers.</p> <p>Pregnant women may need more frequent meal breaks and more frequent access to drinking water or other light refreshments. They may only be able to tolerate food 'little and often' rather than in larger quantities at 'normal' mealtimes. Their eating patterns and preferences may change, especially in early stages of pregnancy, not only in response to 'morning' sickness but also due to discomfort or other problems in the later stages of pregnancy.</p>	<p>Establish the particular needs around rest, meal and refreshment breaks. These needs may change as the pregnancy progresses. Take reasonable action to accommodate these needs.</p>

<p>Working With Display Screen Equipment (DSE)</p>	<p>Scientific evidence shows that pregnant women do not need to stop work with DSE.</p> <p>If pregnant women, or those planning to have children, are worried about working with DSE, they should speak to their medical practitioner or midwife.</p>	<p>It may be necessary to adjust the workstation as postural problems can occur at different stages of pregnancy and on returning to work. Review the individuals DSE Workstation Assessment checklist as necessary.</p>
<p>Physiological Risks Certain physiological aspects of pregnancy need to be taken into consideration when deciding whether the work poses a particular risk to pregnant workers.</p> <p>These include:-</p>		
<p><u>Aspects Of Pregnancy</u></p> <p>Morning sickness, headaches</p> <p>Backache</p> <p>Varicose veins</p> <p>Haemorrhoids</p> <p>Frequent visits to the toilet</p> <p>Increasing size</p> <p>Tiredness</p> <p>Balance</p>	<p><u>Factors In Work</u></p> <p>Early shift work</p> <p>Exposure to nauseating smells</p> <p>Standing/manual handling/posture</p> <p>Standing/sitting for long periods</p> <p>Working in hot conditions</p> <p>Difficulty in leaving job/work site</p> <p>Use of protective clothing</p> <p>Work in confined areas</p> <p>Manual handling</p> <p>Overtime</p> <p>Evening work</p> <p>Problems working on slippery or wet surfaces</p> <p>Working at heights</p>	<p>Consider the physiological aspects of pregnancy in association with the other risks listed above when completing the New & Expectant Mother's Risk Assessment.</p>

Comfort	Problems working in tightly fitting work uniforms	
Dexterity, agility, co-ordination, speed of movement and reach	May be impaired because of increasing size during pregnancy	
<p>There may also be other aspects of pregnancy that could affect the work. Their impact will vary, depending upon the job, and will change during the course of the pregnancy. Keep their effects under review e.g. the posture of expectant mothers may change to cope with increasing size.</p>		