

New and Expectant Mothers (Maternity Risk Assessment) Policy

Introduction

Pregnancy should not be equated with ill health. It should be regarded as part of everyday life, and its health and safety implications can be adequately addressed by normal health and safety management procedures. Many women work whilst they are pregnant, and many return to work while they are still breastfeeding. Some hazards in the workplace may affect the health and safety of new and expectant mothers and their children.

In assessing risks to staff, attention will need to be paid to those who are new or expectant mothers, and action must be taken to ensure that they are not exposed to any significant risk. Risks include those to the unborn child, or child of a woman who is still breastfeeding, not just to the mother herself.

Further guidance on possible associated hazards, risks and their suggested control measures are provided within Appendix 1 ([Example risk assessment](#)). The [flow chart](#) shows the expected routes employees and managers should take on being informed of the pregnancy/new mother situation.

Definitions

New and Expectant Mother

The term “new or expectant mother” means a worker who is pregnant, who has given birth within the previous six months or who is breastfeeding. “Given Birth” is defined as having delivered a living child or after 24 weeks a stillborn child.

Hazard

Something, which may cause an accident or harm

Risk

The likelihood of the accident or harm and its consequences

Legislation

Management of Health and Safety at Work Regulations 1999

Employers must identify hazards that pose a risk to new and expectant mothers within their workplace. This will require you to assess the hazards and risks that may affect new and expectant mothers and implement the necessary control measures to ensure the risk is eliminated or greatly reduced.

This information must be made known to all female employees of childbearing age, not just those that have informed you of their pregnancy.

Employments Right Act 1996

If step 1 is not reasonable or would not avoid a risk, a new or expectant mother has a right to be offered alternative work if any is available.

The work must be both:

- Suitable and appropriate for her in the circumstances, and
- On terms and conditions no less favourable than her normal terms and conditions.

An employee is entitled to make a complaint to an Employment Tribunal if there is suitable alternative work available, which her employer has failed to offer to her before granting her, paid leave of absence on maternity grounds.

If suitable alternative work cannot be provided, then the employee must be granted paid leave of absence (i.e. suspended) from work.

An employee, suspended from work on these grounds (i.e. granted paid leave of absence), is entitled to be paid remuneration i.e. wages or salary, at her full normal rate for as long as the suspension continues. The only exception is where she has unreasonably refused an offer of suitable alternative work, in which case no remuneration is payable for the period during which the offer applies.

Information for Employees

Expectant mothers' responsibility

The expectant mother has the responsibility of informing her manager that she is pregnant.

Managers responsibility

The manager may ask the employee to provide evidence to confirm the pregnancy in order for the manager to ensure a specific risk assessment is carried out for new and expectant mothers.

Should a doctor provide any advice to the employee on their ability to perform their job roles in a normal manner, and then they must record this advice on the appropriate section of the MED 3 Form and inform the employee, who should then inform the manager. Within the section of this form the doctor will need to ensure that they have selected section (a), which states the employee need not refrain from work.

Avoiding the Risks

If there are *significant risks* to new or expectant mothers, the manager will need to determine the action to be taken to remove or control the risk. To aid in this process, it is advisable to sit down with the employee and discuss this with the new or expectant mother.

However, if there is still a significant risk to the employee, which goes beyond the level of risk to be expected from outside the workplace, then steps must be taken to remove her from the risk. This could be done by:

Step 1: Temporary adjust her working conditions and / or hours of work
if this is not possible or would not avoid the risk...

Step 2: Offer her suitable alternative work if any is available, or if this is
not feasible...

Step 3: Grant her paid leave of absence from work for as long as
necessary to protect her health and safety or that of the child.

Where alternative work is offered to the employee (as step 2 above), it must be suitable and appropriate for her to do in the circumstances and on the terms and conditions, which are no less favorable than her normal terms, and conditions. These actions are only necessary where as a result of a risk assessment, there is genuine concern.

[Assessment sheet](#) (Form CSF/008) is to be used for this process.

Reviewing the Risks

The risk assessment for new or expectant mothers will need to be kept under review.

Although most hazards are likely to remain constant, the possibility of damage to the unborn child as a result of a hazard will vary at different stages of pregnancy.

The risks to employees who are breastfeeding will need to be kept under review, and there is no time limit on breastfeeding. While many women may stop after the first 6 weeks, the Department of Health recommends

exclusive breastfeeding of the first 4 – 6 months. Although there is no legal requirement to do so, managers may wish to provide facilities for women who are breastfeeding to express and store milk.

Appendix 1

Risk Assessment example

Assessment Sheet No	
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Name of Assessor		Assessment Date		Review Date Due	
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Workplace Address or Location	
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What are the Hazards?	Who might be harmed and how?	What are the existing Controls?	What further action is necessary?	Action by Whom?	Action by When?	Action complete (Date)
<p>Manual Handling Such as lifting/carrying heavy loads E.g. In office; heavy boxes of leaflets and surveys, computer monitors and heavy files etc. Out of Office; testing and measuring equipment, seized equipment etc.</p> <ul style="list-style-type: none"> ▪ Pregnant workers are especially at risk from manual handling injury. ▪ Hormonal changes can affect ligaments increasing susceptibility to injury. ▪ Postural problems on the body increase as pregnancy progresses; may exacerbate back pain. ▪ Those who have had a Caesarean section may have a temporary limitation on lifting and handling capability. 	<p>New or Expectant Mother</p>	<p>None</p>	<ul style="list-style-type: none"> • Alter nature of the task so risks from manual handling for all workers are reduced, including new or expectant mothers. • New/expectant mother instructed not to lift or carry; all manual handling (lifting etc) should be carried out by trained personnel only • Provide lifting aids if appropriate • If job cannot be redesigned to avoid/significantly reduce manual handling, offer alternative work (at same rate of pay) or if not feasible suspend from work on full paid leave for as long as necessary 			

What are the Hazards?	Who might be harmed and how?	What are the existing Controls?	What further action is necessary?	Action by Whom?	Action by When?	Action complete (Date)
<p>Postural Problems</p> <ul style="list-style-type: none"> - Increased risk from sitting or standing for long periods of time - General; static posture causes overload on muscles, particularly as there is increased muscular stress from pregnancy; changes in joint laxity and hormonal changes - Workstation seating may become more uncomfortable <ul style="list-style-type: none"> ▪ Hormonal changes can affect ligaments increasing susceptibility to injury. ▪ Strain on body increases as pregnancy progresses. ▪ Prolonged Standing: may lead to dizziness, faintness and fatigue and can contribute to the increased risk of miscarriage and premature childbirth; also need to consider medical history (e.g. History of miscarriages etc) may further increase risk. ▪ Prolonged Sitting – Higher risk of thrombosis or embolism, during later stages of pregnancy increased risk of backache exacerbated by sitting in same 	<p>New or Expectant Mother</p>	<p>Carry out new DSE assessment and review on a regular basis (e.g. Monthly, fortnightly in later stages of pregnancy)</p> <p>Basic rest room available in (enter location); need to phone for a member of security staff to come and open door at any time, as necessary</p> <p>Advise and encourage to take more frequent breaks as and when required; need to provide opportunity to alternate between sitting and standing</p> <p>Request medical certificate from GP in last four weeks to check fitness to continue working</p>	<ul style="list-style-type: none"> • Alter nature of the task so risks from postural problems for all workers are reduced, including new or expectant mothers. • Ensure seating is provided, where appropriate • Adjust working hours to reduce length of time exposed to potential postural problems • Make any specialist adjustments (to workstations, work procedures etc.) for new or expectant mothers to reduce postural problems; e.g. consider purchasing lumbar support for office chair, redesign workstation to increase space etc. • If job cannot be redesigned to avoid postural problems, offer alternative work (at same rate of pay) or if not feasible suspend from work on full paid leave for as long as necessary. • Where necessary, carry out regular monitoring of back pain using subjective scales and feedback 			

<p>position/posture for long periods of time. Risk of back pain also increased by poor posture and prolonged work</p> <ul style="list-style-type: none">▪ Office seating may become increasingly uncomfortable in late stages of pregnancy▪ Poor posture can result in excessive stress on soft tissue and static overload on muscles, increasing likelihood of development of WRULD's, back pains etc. Symptoms may include back ache such as lower back (lumbar) pain						
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What are the Hazards?	Who might be harmed and how?	What are the existing Controls?	What further action is necessary?	Action by Whom?	Action by When?	Action complete (Date)
<p>Predisposition to the development of WRULD's increases</p> <ul style="list-style-type: none"> Hormonal changes can increase the likelihood of developing WRULD's 	<p>New or Expectant Mother</p>	<p>Raised awareness of symptoms</p> <p>Carry out new DSE assessment and review on a regular basis (e.g. Monthly, fortnightly in later stages of pregnancy)</p>	<ul style="list-style-type: none"> Raised awareness of symptoms Carry out new DSE assessment and review on a regular basis (e.g. Monthly, fortnightly in later stages of pregnancy) 			
<p>Office environment increases</p> <ul style="list-style-type: none"> More prone to dehydration and heat stress Temperature in office is variable and can become uncomfortably hot or cold in some areas and is fairly dry (the office and building have had ongoing problems with the ventilation system) which increases the likelihood of dehydration. Breastfeeding may be impaired by heat dehydration 	<p>New or Expectant Mother</p>	<p>Contact GS to reduce the temperature.</p> <p>Drinking water available in canteen</p> <p>Encouraged to take frequent short breaks (rest room available).</p> <p>Thermal comfort can be monitored using internal environmental monitoring kit.</p>				
<p>Dangers associated with shocks and vibration</p> <ul style="list-style-type: none"> Regular exposure to shocks, low frequency vibration 	<p>New or Expectant Mother</p>	<p>Raised awareness of symptoms</p>	<ul style="list-style-type: none"> Avoid work likely to involve whole-body vibration, especially at low frequencies or where the abdomen is exposed to shocks or jolts 			

<p>(e.g. driving or riding in off-road vehicles) or excessive movement may increase the risk of miscarriage. Long-term exposure to whole body vibration may also increase risk of prematurely or low birth weight.</p>						
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What are the Hazards?	Who might be harmed and how?	What are the existing Controls?	What further action is necessary?	Action by Whom?	Action by When?	Action complete (Date)
<p>Note:</p> <p>Work Related Stress; Stressors identified may include travelling to and from work in rush hour, workload, job insecurity and financial insecurity. Additional non-work related stressors might also add to general level of stress, such as family responsibilities and anxiety about the pregnancy.</p> <p>Studies have also shown that stress can affect foetal development and therefore poses a potential danger to the unborn baby. Some studies have also shown that stress is associated with increased incidence of miscarriage and impaired ability to breastfeed.</p> <ul style="list-style-type: none"> ▪ Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, anxiety or depression. ▪ In the short term, a high level of stress can cause fatigue, sleeplessness, anxiety, poor appetite or overeating, headaches 		<p>Personnel expert available to offer advice when necessary</p> <p>Regular monitoring of any problems, through regular one to one meetings with manager.</p>	<ul style="list-style-type: none"> • Provide with HSE guidance “A guide for new and expectant mothers who work” and other specific guidance on stress and coping methods • Suggested altering working hours to avoid rush hour traffic • Set up DSE at home so has the option of working from home on a regular basis (2-3 days a week) • Consider shift patterns, job insecurities and workload and particular medical and psychosocial factors affecting the individual women • Consider adjustments to working conditions or hours. 			

and backaches. When a high level of stress continues for a long period, it may contribute to potentially serious health problems, such as lowered resistance to infectious diseases.

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What are the Hazards?	Who might be harmed and how?	What are the existing Controls?	What further action is necessary?	Action by Whom?	Action by When?	Action complete (Date)
<p>Noise</p> <ul style="list-style-type: none"> Prolonged exposure to noise may lead to increased blood pressure and tiredness 	<p>New or Expectant Mother</p>	<p>None</p>	<ul style="list-style-type: none"> working methods which eliminate or reduce exposure to noise choice of appropriate work equipment emitting the least possible noise, taking account of the work to be done; the design and layout of workplaces, work stations and rest facilities; suitable and sufficient information and training for employees, such that work equipment may be used correctly, in order to minimise their exposure to noise; reduction of noise by technical means including— <ul style="list-style-type: none"> (i) in the case of airborne noise the use of shields, enclosures, and sound-absorbent coverings; and (ii) in the case of structure-borne noise by damping and isolation; appropriate maintenance programmes for work equipment, the workplace and workplace systems; limitation of the duration and intensity of exposure to noise; and appropriate work schedules with adequate rest periods. 			
<p>Ionising Radiation</p> <ul style="list-style-type: none"> Significant exposure 	<p>New or Expectant Mother</p>	<p>None</p>	<ul style="list-style-type: none"> Work procedures should be designed to keep exposure below the statutory dose limit 			

<p>to radiation can harm the foetus (either through external exposure or by breathing in/ingesting radioactive contamination), and there are limits on the dose deemed to be acceptable for expectant mothers.</p> <ul style="list-style-type: none">• Nursing mothers who work with radioactive liquids or dusts can cause exposure of the child, particularly through contamination of the mothers skin			<p>for pregnant women.</p> <ul style="list-style-type: none">• Nursing mothers should not work where risk of contamination is high			
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Electromagnetic Fields and Waves <ul style="list-style-type: none"> • Radio frequency radiation • Extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature of the mothers skin 	New or Expectant Mother	None	<ul style="list-style-type: none"> • Exposure should not exceed the recommendations by the National Radiological Protection Board on human exposure 			
Biological agents or hazards <ul style="list-style-type: none"> • Agents that fall within the groups of 2,3 and 4 can affect the unborn child if a mother is infected during pregnancy e.g. hepatitis B, HIV, Herpes, TB, Syphilis, chicken pox and typhoid. • For most workers the risk of infection is not any higher at work than from living within the community. However certain occupations are more likely to exposure, for example healthcare workers, people dealing with animals etc. 	New or Expectant Mother	None	<ul style="list-style-type: none"> • Avoidance will be dependant upon the risk assessment i.e. how the infection takes place and any existing control measures in place. • If a high risk of exposure to highly infectious exposure, then it will be appropriate for the worker to avoid the risk altogether. 			
Hazardous Substances	New or	None	<ul style="list-style-type: none"> • Ensure COSHH assessments 			

<ul style="list-style-type: none"> Exposure to hazardous substances may cause risk to health to the mother and/or the unborn or breastfed child, depending on how the substances are used. 	Expectant Mother		<p>have been conducted and you comply with the COSHH Regulations 2002.</p>			
<p>Chemical agents that are known to be dangerous and absorbed into the skin</p> <ul style="list-style-type: none"> Pesticides. Absorption through the skin can cause localised contamination e.g. a splash on the skin or clothing, or exposure through high concentrations through the air 	New or Expectant Mother	None	<ul style="list-style-type: none"> EH40 shows which substances can be absorbed through the skin. Avoid the use of such chemicals and ensure the use of the hierarchy of control measures as laid down within the COSHH Regulations. Where avoidance of such chemicals is not possible and if use is essential then obey guidelines for its safe use, taking special precautions to avoid skin contact and ensure methods of use and PPE is suitable. Covered also by the Control of Pesticides Regulations 1986 (COPR) 			

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<p>Carbon Monoxide</p> <ul style="list-style-type: none"> • Carbon Monoxide readily crosses the placenta and can starve the foetus of oxygen, having an adverse effect on the foetus • There is no particular risks to breastfed babies if the mother is exposed to CM. 	New or Expectant Mother	None	<ul style="list-style-type: none"> • Use of the correct equipment within confined areas, ensuring if there is a need to use equipment, which emits CM, that there is adequate ventilation. • Ensure COSHH Regulations is adhered to. 			
<p>Working with Lead</p> <ul style="list-style-type: none"> • Exposure to lead may lead to decrease in intellectual performance in childhood • Lead can enter breast milk • Possible toxic effects from lead affect nervous system of young children 	New or Expectant Mother	None	<ul style="list-style-type: none"> • Once pregnancy confirmed, ensure worker is subject to medical surveillance and under the lead regulations where exposure is expected to be significant, suspension from work may be required. • An employment medical advisor or an appointed doctor is to carry out the medical surveillance (OHU) 			
<p>Morning Sickness</p> <ul style="list-style-type: none"> • Early shift work • Exposure to nauseating smells 	New or Expectant Mother	None	<ul style="list-style-type: none"> • Adjust hours of work where practicable • Reduce exposure to nauseating smells 			
<p>Backache</p> <ul style="list-style-type: none"> ▪ Standing for long periods ▪ Areas as suggested above in manual handling/posture 	New or Expectant Mother	None	<ul style="list-style-type: none"> ▪ Look at managing working activities to allow for regular breaks from standing 			
<p>Varicose veins</p>	New or Expectant	None	<ul style="list-style-type: none"> ▪ Management of working activities 			

<ul style="list-style-type: none"> ▪ Standing or sitting to long 	Mother					
Haemorrhoids <ul style="list-style-type: none"> ▪ Working in hot conditions 	New or Expectant Mother	None	<ul style="list-style-type: none"> ▪ Ensure the environment they are working is conducive 			
Frequent visits to the toilet <ul style="list-style-type: none"> ▪ Difficulty in leaving their position/site of work 	New or Expectant Mother	None	<ul style="list-style-type: none"> ▪ Within the management of work, allow for regular breaks and cover where required. ▪ Consider the change of duties 			
Increasing Size <ul style="list-style-type: none"> ▪ Personal Protective Equipment ▪ Working in confined spaces ▪ Manual handling 	New or Expectant Mother	None	<ul style="list-style-type: none"> ▪ Monitor the situation a regular basis, ensuring adequate protection is afforded ▪ Consideration of changing working activities to avoid confined spaces ▪ See manual handling above 			

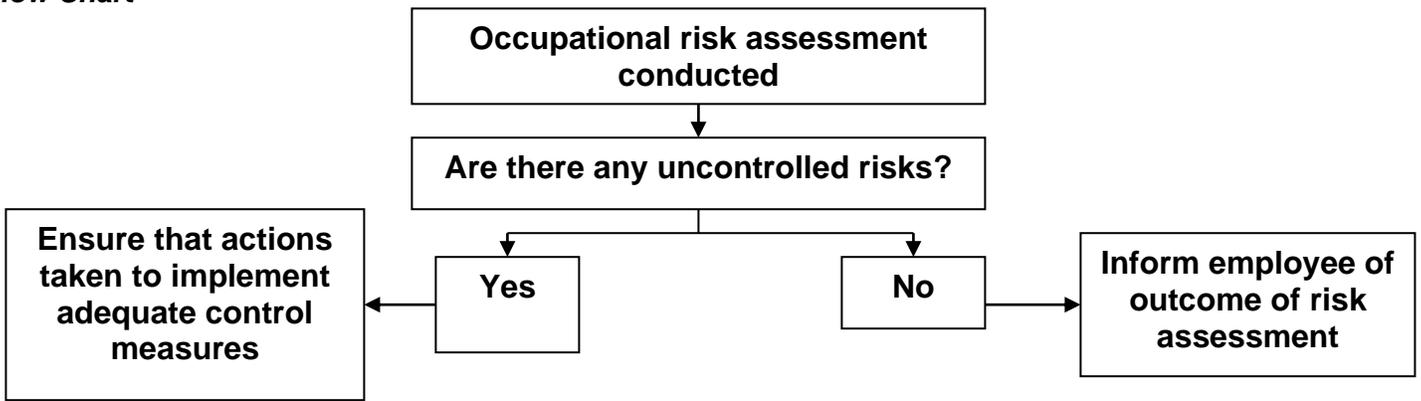
What are the Hazards?	Who might be harmed and how?	What are the existing Controls?	What further action is necessary?	Action by Whom?	Action by When?	Action complete (Date)
Tiredness <ul style="list-style-type: none"> Caused due to long hours, overtime, evening work 	New or Expectant Mother	None	<ul style="list-style-type: none"> Evening/night-time workers medical checks/surveillance Look at reducing hours to cope with situations. Breaking down the working activities into manageable sizes 			
Balance <ul style="list-style-type: none"> Problems with working on slippery/wet surfaces Problems with working at heights 	New or Expectant Mother	None	<ul style="list-style-type: none"> Provide suitable working environments to meet the needs of the staff i.e. correct flooring type for work being conducted Provision of Protective Equipment Avoid working at heights where possible Suitable safe systems of work where this is not possible Correct use of equipment and protective equipment 			
Dexterity, agility, co-ordination, speed of movement <ul style="list-style-type: none"> Due to increasing size and changes in posture their ability may be impaired 	New or Expectant Mother	None	<ul style="list-style-type: none"> Change working conditions to meet their needs i.e. workstation layout, chairs, provision of footrests etc. Re-assessment of Display Screen Equipment assessments on a regular basis. Work activity changes. 			

NOTE:

The above is not exhaustive and has been compiled with reference to the HSE Guidance 'New and Expectant Mothers at Work – A guide for Employer. Each business group should carry out a full assessment of the risks that the New and Expectant Mother may be exposed to in their working environment and working activities, ensuring the appropriate measures are implemented to ensure all risks are either eliminated or adequately controlled.

Using this guide, you must now conduct your risk assessment and decide what are the control measures you currently have in place, which may be those shown in the columns for examples of remedial action required. If this is the case you will need to decide if these control measures are adequate, or could the risks be reduced further, therefore requiring further actions to be taken.

Appendix 2
Flow Chart



Employee provides written confirmation of pregnancy, that they have had a child in last six months or that she is breastfeeding

Conduct a specific risk assessment on the employee, based upon the original assessment and any medical advice provided by the doctor on either the Med-3 or MAT B1

