

GUIDANCE SHEET – 0014

New and Expectant Mothers Guidance

The issue:

Pregnancy is not an illness and should not be regarded as ill health. Its health and safety implications can be adequately addressed by normal health and safety management procedures. Many women work while 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 of their child(ren). Therefore, working conditions normally considered acceptable may no longer be so during pregnancy and whilst breastfeeding.

In most cases pregnancy goes undetected for the first 4-6 weeks and sometimes longer. It is therefore important to identify all hazards and risks for all female employees of childbearing age.

Summary:

You should consider the potential risks to new or expectant mothers (including those who may not know they are pregnant) when undertaking risk assessments for all your employees. In many cases controlling the risk for all employees will be enough to control the risk for new or expectant mothers. When an employee notifies you that she is pregnant, you should do a specific risk assessment that is based on this initial assessment to double check everything is ok. If you can't control the risk there is a set procedure to follow to ensure the health and safety of the mother and child(ren)

Definitions:

The phrase new or expectant mother means an employee who is pregnant, who has given birth in the previous six months, or who is breastfeeding.

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

Woman of childbearing age is a woman who is at the age where she is able to become pregnant.

Legal Requirements:

The Management of Health and Safety at Work Regulations 1999 requires you to assess risk to all employees and to do what is reasonably practicable to control those risks. You must consider new and expectant mothers when assessing risks from work activities.

What do I need to know?

In assessing risks you need to specifically consider workers who are new or expectant mothers (including those who may not be aware that they are pregnant) and take action to ensure that they are not exposed to any significant risk.

Ensure the person carrying out the assessment is competent (i.e. has the necessary training and experience) and is able to take account of all relevant information.

Where do I start?

STAGE 1

When you do the initial risk assessment of an activity you must take into account any hazards and risks to females of childbearing age, as well as all other staff involved in the activity.

Initial Risk Assessment (see Appendix 1 for the outline of the process)

Step 1 - Identify the hazards

Consider the physical, chemical and biological hazards that women of childbearing age may be exposed to. Working conditions that could affect new or expectant mothers should also be considered in this risk assessment. See Appendix 2 for further information.

Step 2 - Decide who might be harmed and how

The risk assessment might show that there is a substance or work process that could damage the health and safety of new and expectant mothers or their children. There may be different risks depending on whether workers are pregnant, have given birth recently or are breastfeeding.

Step 3 - Evaluate the risk and decide if the control is adequate or if more needs to be

Don't forget that there is usually a period of between 4 and 6 weeks during which a worker may not be aware that she is pregnant.

Step 4 – Record the information

Use the Caerphilly CBC form to record the details of the risk assessment.

Step 5 – Review

Keep the risk assessment under review.

Informing employees

If the assessment does reveal a risk ensure that all female employees of childbearing age are informed about the potential risks if they are or could be in the future, pregnant or breastfeeding. Give details of what controls are in place to control the risk and ensure that they are aware that they should provide written notification of pregnancy, that they have given birth or they are breastfeeding as early as possible.

STAGE 2

When an employee notifies you that she is pregnant, has given birth in the last six months or is breastfeeding, you should carry out a risk assessment based on the outcome of the initial risk assessment and any other medical advice provided. **Note: It may be necessary to involve Personnel and/or Occupational health if medical issues are raised.**

The purpose of this risk assessment is to ensure that all potential risks and working conditions have been considered with respect to the individual to ensure that the Authority has controlled the risk to the mother and the child(ren).

Appendix 3 is a suggested form that could be used for this process.

If there is a significant risk at work to the health and safety of a new or expectant mother, which goes beyond the level of risk found outside the workplace, then the following actions must be taken to remove her from the risk: (see Appendix 4)

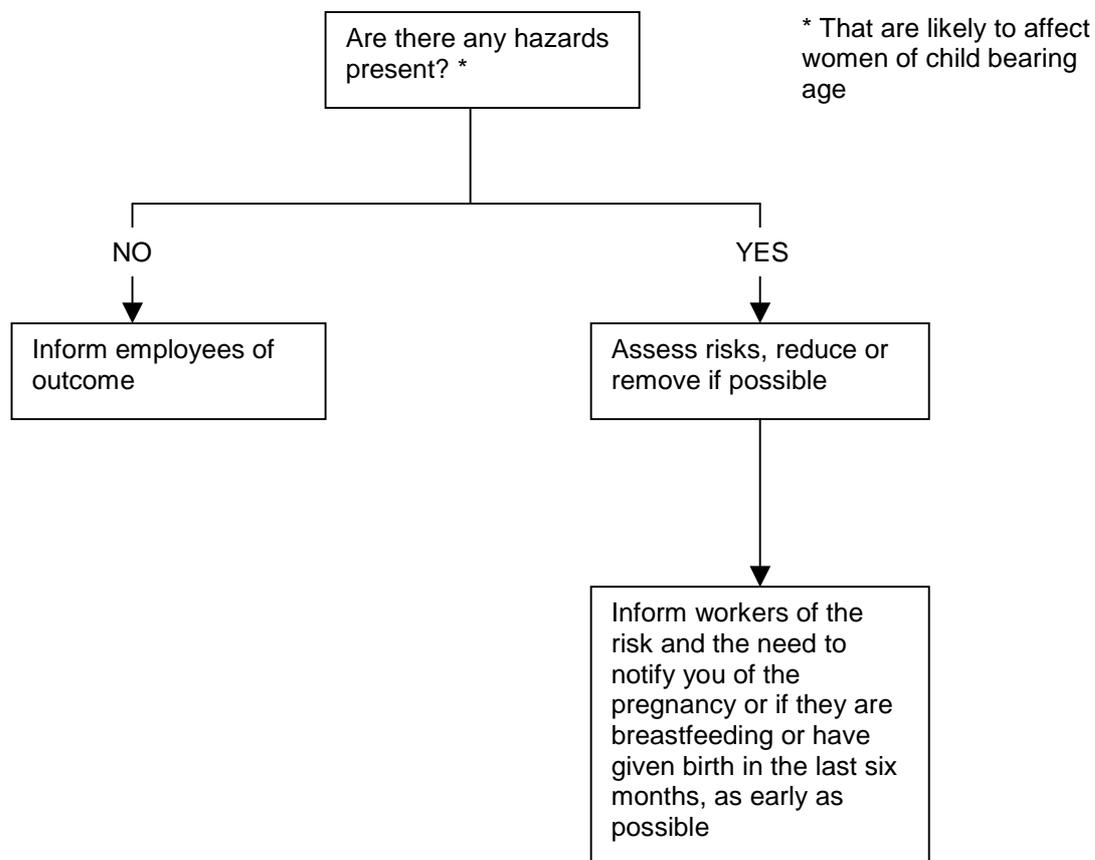
- **Action 1** – temporarily adjust her working conditions and/or hours of work; or if it is not reasonable to do so, or would not avoid the risk:
- **Action 2** – offer her suitable alternative work (at the same rate of pay) if available; or if that is not feasible, you must:
- **Action 3** – suspend her from work for as long as is necessary to protect her health and safety and that of her child.

Note: This process must be followed in conjunction with Personnel.

Contacts

If you have any questions or require further help with risk assessment then you can contact your Directorate Health and Safety Officer or the Corporate Health and Safety Unit.

Stage One – Initial Risk Assessment



Appendix 2 – Hazards, Risks and Ways of Avoiding Them

NB – This information is taken from the book *New and Expectant Mothers at Work, A Guide for Employers*. Relevant information has been taken to include in this guidance note. In the unlikely event of the new or expectant mother working in the following areas or with the following materials, the book should be further consulted for guidance:

Ionising Radiation
 Non-ionising Radiation
 Work in hyperbaric enclosures

Lists of agents / working conditions	What is the risk?	How to avoid the risk	Other legislation / guidance
PHYSICAL RISKS			
Movement and posture	<p>Hormonal changes in women who are pregnant or have recently given birth can affect the ligaments. Increasing susceptibility to injury. The resulting injury may not be apparent until some time after the birth. You should also pay particular attention to women who may handle loads during the three months following a return to work after childbirth.</p> <p>Postural problems can arise 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 work involves awkward movements or long periods of standing or sitting in one position.</p> <p><u>Standing</u> - Continuous standing during the working day may lead to dizziness, faintness and fatigue.</p> <p><u>Sitting</u> – Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.</p> <p><u>Confined space</u> – It is hazardous working in confined workspaces or with workstations which do not adjust sufficiently to take account of</p>	<p>Where appropriate, introduce or adapt work equipment and lifting gear, alter storage arrangements or re-design workstations or job content.</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992</p> <p>Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002 and associated guidance.</p>

	increased abdominal size, particularly during the latter stages of pregnancy.		
Manual handling of loads where there is a risk of injury	<p>Pregnant workers are especially at risk from manual handling injury. For example, hormonal changes can affect the ligaments increasing susceptibility to injury; and postural problems may increase as the pregnancy progresses.</p> <p>Consider those who have recently given birth. For example, there may be a temporary limitation on those who have had a caesarean section.</p>	<p>Pregnant women should avoid long periods spent handling loads, or standing or sitting without regular exercise or movement to maintain healthy circulation. You should provide the opportunity to alternate between standing and sitting. If this is not possible, you should provide for breaks. The changes you make will depend on the risks identified in the assessment and circumstances of business. For example it may be possible to alter the nature of the task to reduce risks from manual handling for all workers, including new and expectant mothers. Or you may have to address the specific needs of the worker and reduce the amount of physical work she does.</p>	Manual Handling Operations Regulations 1992
Shocks and vibration	<p>Regular exposure to shocks, low frequency vibration (for example driving or riding off road vehicles) or excessive movement may increase the risk of a miscarriage.</p> <p>Long term exposure to whole body vibrations does not cause abnormalities to the unborn child. However, there may be an increased risk of prematurely or low birth weight.</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 is exposed to shocks or jolts.</p>	None specific
Noise	<p>There appears to be no specific risks to new or expectant mothers, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness.</p> <p>No particular problems for women who have recently given birth or are breastfeeding.</p>	<p>The requirements of the noise at Work Regulations 1989 should be sufficient to meet the needs of new or expectant mothers.</p>	Noise at Work Regulations 1989
BIOLOGICAL AGENTS			
Biological agents – of hazard groups 2, 3 and 4	<p>Many biological agents within these risk groups can affect the unborn child if the mother is infected during pregnancy. Examples of agents are Hepatitis B, HIV, herpes, TB, syphilis, chickenpox and typhoid. For most workers the risk of infection is not higher at work than from elsewhere, but in certain occupations exposure to infection is more likely, for example,</p>	<p>Depends on risk assessment, which will take account of the nature of the biological agent, how infection is spread, how likely contact is and what control measures there are.</p> <p>Control measures may include physical containment, hygiene measures and using vaccines if exposure justifies this. If there is a</p>	<p>Control of Substances Hazardous to Health (Amendment) Regulations 2004.</p> <p>Infection risks to new and expectant mothers in the workplace – A guide for employers.</p>

	laboratory work, health care, looking after animals or dealing with animal products.	known high risk of exposure to a highly infectious agents then it will be appropriate for the pregnant worker to avoid exposure altogether.	
CHEMICAL AGENTS			
Chemical Agents Substances labelled R40, R45, R46, R49, R61, R63, R64 and R68	<p>There are a number of substances with hazardous properties indicated by these risk phrases, including about 1000 substances in the Approved Supply List.</p> <p>The actual risk to health of these substances can only be determined following a risk assessment of a particular substance at the place of work. Although the substances listed may have the potential to endanger health and safety, there may be no risk in practice, for example if exposure is at a level that is known to be safe.</p>	<p>For work with hazardous substances you are required to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks. In carrying out assessments, you should have regard for women who are pregnant, or who have recently given birth. Workplace exposure Limits (WELs) for workplace are set under COSHH for specific substances and reproductive toxicity is one of the health effects considered when setting limits.</p> <p>Preventing exposure must be your first priority. You should do this through substitution of harmful agents if possible.</p>	<p>Control of Substances Hazardous to Health (Amendment) Regulations 2004. (With the exception of lead and asbestos).</p> <p>Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP)</p> <p>EH40 – Occupational Exposure Limits</p>
WORKING CONDITIONS			
Facilities	<p><u>Resting facilities</u> - 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><u>Hygiene Facilities</u> – Without easy access to toilets at work due to distance or work practices etc. there may be increased risks to health and safety. Pregnant women often have to go to the toilet more frequently than others. Prevention can lead to infection and kidney problems.</p> <p><u>Storage Facilities</u> – Access to appropriate facilities for breastfeeding mothers may facilitate breast-feeding.</p>	<p>May require somewhere for the woman to sit or lie down, comfortably in private. Access to clean drinking water should also be available.</p> <p>Adapt rules to enable expectant and nursing mothers to leave their workstation at short notice more frequent intervals.</p> <p>Protective measures include: Access to a private room where women can breastfeed or express breast milk whilst at work. Use of secure facilities to refrigerate and store milk. Facilities for washing and storing receptacles. Time off without loss of pay or benefits and without fear of penalty to express</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992</p> <p>Management of Health and Safety at Work Regulations, 1999</p>

		milk or breastfeed.	
Mental and physical fatigue and 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. Generally, however, both mental and physical fatigue increases during pregnancy and in the postnatal period.</p> <p>Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts or night work or overtime. Because of changes in blood pressure which may occur during and after pregnancy and childbirth, normal patterns of breaks from work may not be adequate for new or expectant mothers.</p>	<p>It may be necessary to adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks, and to change shift patterns and duration to avoid risk.</p> <p>With regard to night work, alternative day work should be organised for pregnant women on receipt of a medical certificate from doctor / midwife which states that night work is affecting the health and safety of the woman or her unborn child.</p>	Workplace (Health, Safety and Welfare) Regulations 1992
Occupational stress	<p>New and expectant mothers can be particularly vulnerable to occupational stressors for various reasons. (e.g. financial, physiological)</p> <p>Additional stress may occur if a woman is anxious about her pregnancy or its outcome, this might be heightened as a result of pressure in the workplace. This can lead to increased vulnerability.</p> <p>Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss and also with impaired ability to breastfeed.</p>	You will need to take account of known organisational stress factors (such as shift patterns, job insecurity, workloads etc.) and the particular medical factors affecting the individual woman.	<p>Tackling work related stress. A manager's guide to improving and maintaining employee health and wellbeing.</p> <p>Work-related stress. A short guide.</p>
Passive smoking	Cigarette smoke is mutagenic and carcinogenic and is a known risk of pregnancy where the mother smokes. The effects of passive smoking are less clear but are known to affect the heart and lungs, and to pose a risk to infant health.	Most CCBC premises are non smoking.	Workplace (Health, Safety and Welfare) Regulations 1992
Work with display screen equipment (VDUs)	There is anxiety about radiation emissions from DSE and possible effects on pregnant women. The below advice summarises scientific	In light of the scientific evidence pregnant women do not need to stop work with VDUs. However to avoid problems caused by stress	Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments)

	<p>understanding:</p> <p>The levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk to human health created by such emissions and the National Radiological Protection Board does not consider such levels to pose a significant risk to health. No special protective measures are therefore needed to protect the health of people from this radiation. Research and reviews of the scientific evidence will continue to be undertaken.</p>	<p>and anxiety, women who are pregnant or planning children and worried about working with VDUs should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice.</p>	<p>Regulations 2002 and associated guidance.</p>
Working alone	<p>Pregnant women are more likely to need urgent medical attention.</p>	<p>Depending on their medical condition, you may need to review and revise women's access to communications with others and levels of (remote) supervision involved, to ensure that help and support is available when required, and that emergency procedures (if needed) take into account the needs of new and expectant mothers.</p>	<p>Working alone in safety: Controlling the risks of solitary work.</p>
Work at heights	<p>It is hazardous for pregnant women to work at heights, for example on ladders or platforms.</p>	<p>Your risk assessment should consider any additional risks due to work at height (e.g. working on ladders).</p>	
Travelling either inside or outside the workplace	<p>Travelling in the course of work, and to and from the workplace, can be problematic for pregnant women, involving risks including fatigue, vibrations, stress, static posture, discomforts and accidents. These risks can have a significant effect on the health of new and expectant mothers.</p>	<p>See specific information in this appendix to assess how to reduce the risk from fatigue, vibrations, stress, static posture etc.</p>	
Work related violence	<p>If a woman is exposed to the risk of violence at work during pregnancy, when she has recently given birth or while she is breastfeeding this may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed.</p> <p>This risk particularly affects workers in direct contact with customers and clients.</p>	<p>Measures to reduce the risk of violence include:</p> <ul style="list-style-type: none"> • Providing adequate training and information for staff • Improving the design or layout of the workplace • Changing the design of the job, e.g. avoiding lone working, reducing use of cash, maintaining contact with workers away from base. 	<p>Management of Health and Safety at Work Regulations 1999</p> <p>Violence at Work: A guide for employers</p>

		If you cannot significantly reduce the risk of violence you should offer pregnant women and new mothers suitable alternative work.	
Work equipment and personal protective equipment (including clothing)	Work equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involved physiological changes which may make some existing work and protective equipment not only uncomfortable but unsafe for use in some cases – for example where equipment does not fit properly.	You must carry out a risk assessment which takes account of changes in risks as the pregnancy progresses. Wherever possible the risk should be avoided by adaptations or substitutions, e.g. providing suitable alternative equipment to allow the work to be conducted safely and without risks to health. Where this is not possible, the provisions of the Management of Health and Safety at Work Regulations (Appendix 4) should come into effect.	Management of Health and Safety at Work Regulations 1999 <i>Safe Use of Work Equipment</i> - Approved Code of Practice Personal Protective Equipment at Work Regulations, 1992 and Guidance on Regulations.
Hazards as a result of inappropriate nutrition	Adequate and appropriate nutrition and liquid refreshment (especially clean drinking water) at regular intervals is essential to the health of the new or expectant mother and her child(ren). Appetite and digestion are affected by the timing, frequency and duration of meal breaks and other opportunities for eating and drinking, and this also affects the health of the unborn child. This is affected during and after pregnancy by hormonal and physiological changes. Pregnant women may need more frequent meal breaks and more frequent access to drinking water or other light refreshments.	You can establish new and expectant mothers' particular needs concerning rest, meals and refreshment breaks by consulting the individuals concerned. These needs may change as the pregnancy progresses. You must take protective measures to deal with these constraints, particularly with regard to the need for rest, meal and refreshment breaks, and to maintain appropriate hygiene standards.	Workplace (Health, Safety and Welfare) Regulations 1992

There are other aspects of pregnancy that may affect work. The impact will vary during the course of the pregnancy and effects will need to be kept under review.

Aspects of Pregnancy	Factors in Work
"Morning" sickness Headaches	Early shift work Exposure to nauseating smells
Backache	Standing/manual handling/posture
Varicose veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to toilet	Difficulty in leaving job/site of work

Increasing size	Use of protective clothing Work in confined areas Manual handling
Tiredness	Overtime Evening work
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting work uniforms.

APPENDIX 3 – New and Expectant Mothers Risk Assessment

Type of Assessment: Pregnancy / Recently given birth (last six months) / Breastfeeding

Employee Name:

Place of Work:

Job Title:

Staff Number:

Expected Birth Date:

Assessment Date:

Date Anticipated Maternity Leave:

Date of Written Confirmation to Personnel:

Main Duties:

Hours of Work:

Note: Occupational Health must be informed if any medical issues are raised.

HAZARD	CURRENT CONTROL MEASURES	RISK FACTOR (high, medium, low)	FURTHER ACTION NECESSARY	ACTION COMPLETED (Sign and date)
Movement and posture				
Moving and handling				
Noise				
Vibration				
Extremes of cold or heat				
Biological agents				
Chemical agents				

OTHER ASPECT	CURRENT CONTROLS	FURTHER CONTROL	ACTION COMPLETED (Sign and date)
Hygiene: <ul style="list-style-type: none"> • Resting Facilities • Hygiene Facilities • Storage Facilities 			
Mental / physical fatigue and working hours			
Occupational stress			
Passive smoking			
Work with display screen equipment (VDUs)			
Lone working			
Working at height			
Traveling			
Work related violence			
Work equipment / Personal protective equipment			
Nutrition and refreshment			

Any other factors to be considered?:

Stage Two – On Notification of Pregnancy, Birth or Breastfeeding

