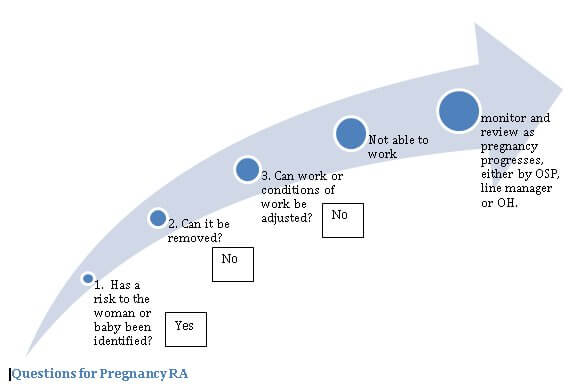


NEW OR EXPECTANT MOTHERS

# GUIDANCE FOR SCHOOLS

[](https://www.google.co.uk/url?sa=i&url=https://workingwellsolutions.com/health-at-work/new-and-expectant-mothers/&psig=AOvVaw0aCiy5BavclfMpeO5fzF7x&ust=1587193844340000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCKjooP3z7ugCFQAAAAAdAAAAABAI)

## LEGISLATION

* Management of Health and Safety at Work Regulations 1999

## WHAT YOU NEED TO DO

STAGE 1: INITIAL RISK ASSESSMENT

**YES**

Assess risks and remove or reduce

**NO**

Inform employees

Inform employees of risks and control measures

Inform employees of the need to notify of pregnancy

Are there any hazards?

STAGE 2: NOTIFICATION OF PREGNANCY

**YES**

Remove the risk

Carry out specific risk assessment

**YES**

Can the risk be removed

**NO**

Monitor and review

Is there a risk?

**NO-ACTION 1**

Can you adjust working conditions/hours of work

**YES**

Adjust or change

**NO-ACTION 3**

Suspend on paid leave

**NO-ACTION 2**

Can alternative work be found

**YES**

Arrange alternative work

## INTRODUCTION

Pregnancy should not be regarded as ill health. It is part of everyday life and any implications for the health and safety at work of the expectant mother and/or their unborn child can be adequately addressed by normal management procedures.

Anyone who manages women of child bearing-age must ensure that the risk assessment for their work area considers any work (process or working condition or physical, chemical or biological agent) that may involve risk to new or expectant mothers or to that of her baby.

## HEALTH, SAFETY AND PREGNANCY

The stage and progression of pregnancy will have a bearing on health and safety. The following may have to be given consideration:

| Morning sickness/Headaches | Early shift work/exposure to unpleasant smells |
| --- | --- |
| Backache | Standing, manual handling, posture |
| Varicose veins | Standing, manual handling, posture |
| Haemorrhoids | Working in hot conditions |
| Frequent visits to the toilet | Difficulty in leaving job, site of work |
| Increasing size | Use of protective clothing, manual handling |
| Tiredness | Overtime, evening work |
| Balance | Slippery or wet surfaces |
| Comfort | Working in tightly fitting uniforms |

## NOTIFICATION OF PREGNANCY

There are no legal requirements on employees to inform their employers that they are pregnant or a new mother. They should bear in mind however, that the employer is not required to take any specific action until written notification has been provided. It is therefore important for the employee and her child's health and safety that employers should advise their employees to provide written notification as early as possible.

## RISK ASSESSMENT

Certain work activities may have adverse health effects on new and expectant mothers and women of child-bearing age who may be trying to conceive. By identifying the activities involved establishments can protect these individuals from any adverse health effects from work activities they undertake.

It is recommended in HSE guidance that an initial risk assessment should be undertaken, taking into account any hazards and risks to females of childbearing age.

A more specific assessment should be carried out when the employer is notified by an employee of pregnancy. This should be based on the outcome of the initial risk assessment and any medical advice received on the health of the employee.

The assessment should be reviewed periodically. The frequency of the review will be dependent upon many factors. Any change in, for example, the work process or activity, use of new equipment or machinery, introduction of new workstations, presence and use of different physical, chemical or biological agents and working conditions (summer versus winter working) will require a reappraisal and review.

When performing the risk assessment, a number of hazards may have to be taken into account. The checklist below summarises the hazards, along with potential effects and possible controls.

## RISK ASSESSMENT CHECKLIST

| Hazard | Possible Effects | Possible Controls |
| --- | --- | --- |
| **Movements and posture** – risks are likely to be dependent on the nature, duration and frequency of tasks, the pace, intensity and variety of work, the patterns of working time and rest breaks, ergonomic and environmental factors, the suitability and adaptability of work equipment.  Postural problems can increasingly arise during pregnancy, especially if the work involves awkward movements or long periods of standing or sitting in one position, or if the work area is restricted. Similar risks can exist on return to work. | Hormonal changes in pregnant and recently pregnant women can make ligaments more susceptible to injury.  Prolonged poor working posture and excessive movement may induce backache.  Continuous standing may lead to dizziness, faintness and fatigue and can contribute to premature childbirth or miscarriage.  Constant sitting can increase an already raised risk of thrombosis or embolism and, in the later stages of pregnancy, can induce backache.  Working in a restricted space in the later stages of pregnancy may lead to sprain or strain injuries.  Dexterity, agility, co-ordination, speed of movement, reach and balance may be impaired leading to an increased likelihood of accidents.  Returning to work after a childbirth with medical complications, such as Caesarean section or deep vein thrombosis, can present additional risks. | Where appropriate, introduce or adapt work equipment, alter storage arrangements, redesign the workstation or job content.  In order to maintain healthy circulation, alter the work pattern to avoid long periods of standing or sitting. If this is not possible, provide extra breaks to allow a change of posture, including when traveling long distances.  Avoid the need for undertaking those activities requiring good balance, agility, etc, eg working at height on ladders and elevated platforms. |
| **Manual handling and lifting** | Pregnant workers become progressively more vulnerable to manual handling injuries due to the increasing weight of the unborn child, the need to hold loads further away from the spine, and to hormonal changes which make ligaments more susceptible to damage. Heightened risks typically remain for three months after childbirth.  Returning to work after recent Caesarean section can temporarily limit handling and lifting capability.  Breastfeeding mothers may experience discomfort due to increased breast size and sensitivity. | Alter the work activities to avoid heavy manual handling and/or lifting. Where appropriate, introduce lifting aids (but only allow use by the pregnant worker if a risk assessment clearly shows that the risks are reduced sufficiently). |
| **Shocks and vibration** | Regular exposure to shocks, low frequency vibration (eg driving off-road) or excessive movement may increase the risk of miscarriage.  Long-term exposure to whole body vibration does not cause birth abnormalities, but there may be an increased risk of prematurity or low birth weight.  Breastfeeding mothers are at no greater risk than other workers. | Alter the work activities for those who are pregnant or who have recently given birth in order to avoid uncomfortable whole body vibration (especially at low frequencies) or work where the abdomen is exposed to shocks or jolts. |
| **Noise** | No specific risks are known for expectant, new, or breastfeeding mothers, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. | Apply normal workplace noise control measures. |
| **Ionising radiation (eg from X-rays or radioactive sources)** | Significant exposure (whether through direct irradiation, or through inhalation or ingestion of contaminated materials or from skin contact with them) can be harmful to the unborn child and to suckling infants of breastfeeding mothers. | Exposure must be kept as low as is reasonably practicable.  Workers must be encouraged to declare any pregnancy or breastfeeding activity as early as possible. New and expectant mothers must be given training, information and instruction on the fundamental and routine requirements for working with ionising radiation. |
| **Non-ionising electromagnetic radiation (eg from radio transmitters, microwave radiation)** | Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the unborn child or mother. Extreme over-exposure, however, could cause harm by raising body temperature. | Ensure exposure is kept within National Radiological Board acceptable limits. |
| **Hyperbaric atmospheres (eg pressurised enclosures, underwater diving)** | Compressed air: workers are at risk from decompression illness (the bends), which is the formation of free gas bubbles in the circulation. It is unclear whether pregnant women are more susceptible to this, but the gas bubbles are potentially very harmful to the unborn child. Breastfeeding is not adversely affected.  Underwater diving: the hyperbaric pressure is likely to adversely affect the unborn child, but breastfeeding should not be affected. | Pregnant workers should not be allowed to work in compressed air, and pregnancy is a recognised medical reason not to dive.  Workers must be instructed to declare any pregnancy as early as possible. |
| **Biological agents (infectious diseases)** | Many biological agents can pass from an infected mother to affect the unborn child, typically by transmission through the placenta. Transmission can also occur following birth through breastfeeding or close physical contact. Examples are hepatitis B, HIV, herpes, TB, syphilis, chickenpox, and typhoid.  German measles (rubella), toxoplasma, cytomegalovirus and chlamydia (in sheep) can harm the unborn child.  For most workers, infection risks are no higher at work than elsewhere, unless employed in an ‘exposed occupation’, eg health care, animal care, laboratory work, animal product processing. | If infection risks greater than the ‘norm’ are apparent or become so, medical advice should be sought.  Control measures identified might include total avoidance, physical containment, hygiene measures or vaccination. Such measures, however, can be influenced by the mother’s natural state of immunity. |
| **Chemical agents (general)** | Substances or preparations labelled as being capable of causing cancer (sometimes referred to as having carcinogenic effects), heritable genetic effects, harm to the unborn child, harm to breastfed babies or irreversible effects clearly have the potential to harm accordingly. However, in practice there may be no risk if exposure is at a known safe level. | Ensure that the control measures identified by the relevant COSHH assessment are being fully and properly implemented, and that these have been considered on a hierarchal basis – elimination > substitution > engineering controls > personal protective equipment. |
| **Mercury and mercury derivatives** | Evidence suggests that exposure to organic mercury compounds during pregnancy could slow the growth of the unborn child, disrupt the nervous system and poison the mother. Organic mercury can be transferred from blood to milk and can, therefore, potentially cause harm to newborn babies, particularly if the mother has been exposed to high levels before and during pregnancy.  There is no clear evidence of adverse effects on the unborn child from mercury and its inorganic compounds, and no indication that mothers suffer greater adverse effects after the birth. | Ensure that the control measures identified by the relevant COSHH assessment are being fully and properly implemented, and that these have been considered on a hierarchal basis – elimination > substitution > engineering controls > personal protective equipment. |
| **Antimitotic (cytotoxic) drugs (drugs that inhibit cell formation or kill them – typically used in cancer treatments)** | Long term exposure can cause cancer and damage to genetic material in sperm and eggs. Accidental exposure is typically by absorption through inhalation or skin contact during drug preparation and/or administration and during disposal of associated chemical or human waste. | Alter activities to avoid exposure, or reduce it to as low as is reasonably practicable using personal protective equipment.  Females of childbearing age should be made fully aware of the risks. |
| **Chemical agents known to be particularly hazardous through skin absorption (eg pesticides)** | As with all substances, the effects will depend on the hazardous properties of the substance in question and the way that it is used. Absorption through the skin can result from localised contamination (eg a splash on the skin or clothing) or, in certain cases, from high atmospheric concentrations of the respective vapour. | Ensure that the control measures identified by the relevant COSHH assessment are being fully and properly implemented, and that these have been considered on a hierarchal basis – elimination > substitution > engineering controls > personal protective equipment. |
| **Carbon monoxide (typically produced in engines and domestic appliances powered by petrol, diesel and liquefied petroleum gas (butane and propane), and made worse by the use of such equipment in enclosed areas)** | There is only limited data on the effects of carbon monoxide on pregnant mothers, but it is thought that they have heightened susceptibility. Carbon monoxide, however, is known to readily cross the placenta and can result in the unborn child being starved of oxygen. Both the level and duration of maternal exposure are important factors in the effect on the unborn child, but even occasional exposure could be potentially harmful.  There is no indication that breastfed babies suffer adverse effects from their mother’s exposure to carbon monoxide, nor that mothers are significantly more sensitive to it after giving birth. | Eliminate the problem by changing the process or equipment.  Where elimination is not appropriate, consider re-locating the worker or using engineering controls in conjunction with good working practices. |
| **Lead and lead derivatives** | Despite historical associations with abortions, miscarriages, stillbirths and infertility, there are no indications that this is still relevant at the current acceptable levels of exposure. There are, however, strong indications that high levels of maternal exposure, either before the birth or after it (via breastfeeding) or exposure of the infant during early childhood, can impair the development of the child’s nervous system.  The most likely route of absorption of lead is through the lungs as a result of inhaling dust and fumes containing lead, although a small proportion can be absorbed through the gut as a result of ingestion. Lead alkyls, typically found in anti-foul paints and as petrol additives, can also be absorbed through skin contact. Blood level monitoring is the most reliable exposure indicator. | Any work with lead should involve good personal hygiene precautions, eg washing hands before eating, drinking, smoking or any other hand-to-mouth activity.  Where exposure to lead is likely to be significant, air monitoring and medical surveillance should already be in place (ie irrespective of childbirth issues).  Once pregnancy is confirmed, the expectant mother should be suspended from any activity likely to result in significant exposure. |
| **Mental and physical fatigue and working hours** | Long hours, shift work and night work can have a significant effect on the health of new and expectant and breastfeeding mothers, although not all women are affected in the same way and the risks vary with working conditions and the type of work undertaken. This applies especially to health care workers. Generally, however, both mental and physical fatigue increase during pregnancy and in the postnatal period due to physiological and other changes taking place. Tiredness 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-related ill health.  Blood pressure changes may also occur during and after pregnancy and normal patterns of rest breaks may not be adequate. | It may be necessary to adjust working hours and working conditions temporarily, including the timing and frequency of shifts and rest breaks.  Alternative day work should be found for night workers upon receipt of a medical certificate from a doctor or midwife indicating that the night work is affecting the health of the mother or her unborn child. |
| **Occupational stress** | New and expectant mothers can be particularly vulnerable to a whole range of stressors, whether occupational (eg workload, job security), domestic (eg anticipation of financial pressures or work/life balance once the child is born) or personal (eg anxieties about child abnormalities or the birth itself). Hormonal, physiological and psychological changes, which can occur rapidly during and after pregnancy, are likely to contribute to the heightened susceptibility.  Women who have recently suffered loss through stillbirth, miscarriage, adoption at birth or neonatal death will be especially vulnerable to stress, as will those who have suffered serious illness or trauma during pregnancy or childbirth.  Stress can lead to anxiety and depression and some mothers may develop postnatal depression.  There is some evidence to suggest that stress is associated with an increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed. | Take account of known organisational stress factors (such as shift patterns, job insecurity, workloads, etc) and the particular medical and psychosocial factors affecting the individual mother. Seek medical advice if necessary.  If appropriate, provide adjustments to the working conditions and working hours, and ensure that the necessary understanding, support and recognition are available, whilst privacy is respected. |
| **Passive smoking** | Cigarette smoke is mutagenic and carcinogenic and is a known risk to pregnancy where a mother smokes. It also aggravates conditions such as asthma. The effects of passive smoking, however, are less clear but are known to affect the heart and lungs and to pose a risk to infant health. | Establish a smoking policy that provides for new and expectant mothers to work and have their rest breaks away from the effects of tobacco smoke. |
| **Extremes of heat and cold** | Prolonged exposure of pregnant workers to hot environments can lead to heat stress. Breastfeeding may be impaired by heat dehydration.  Extreme cold may pose a risk to some pregnant women and their unborn children.  Risks are increased by sudden changes in temperature. | In addition to the normal means of heating or cooling a workplace (or providing appropriate clothing for outside workers), provide adequate rest and refreshment breaks and relevant facilities. |
| **Working with VDUs** | Despite past concerns and claims that electromagnetic radiation emissions from VDUs have lead to higher levels of miscarriage and birth defects amongst some worker groups, all the scientific studies, taken as a whole, do not show any link. Certainly, levels of emissions are well below international limits. | In the light of scientific evidence, no control measures are considered necessary. However, if a mother’s anxieties about harmful levels of emissions persist, it may be prudent to find her alternative work or, at least, to arrange for her to talk to someone who can offer independent, authoritative advice. |
| **Lone working** | Pregnant women are more likely to need urgent medical attention, particularly in the later stages of pregnancy. | Review and, if necessary, revise the woman’s access to communications with others to ensure that help and support is readily available if required. It is inadvisable for women in the later stages of pregnancy to work alone. |
| **Work-related violence** | Physical violence can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed. | Introduce measures that reduce the risk of violence, eg alter the work activities by avoiding lone working, improve the design or layout of the workplace, provide adequate information and training.  If the risks cannot be adequately reduced, offer the pregnant or new mother alternative work. |
| **Inappropriate work equipment and personal protective equipment** | Work equipment and personal protective equipment is not generally designed for use by pregnant women. This can make it uncomfortable and sometimes unsafe in use. | Where possible, adapt existing equipment or provide suitable alternative equipment to allow safe use. If not possible, find the mother alternative safe work – on no account must unsafe working be allowed. |
| **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. Appetite and digestion are affected by the timing, frequency and duration of opportunities for eating and drinking, which also affect the unborn child. These are influenced during and after pregnancy by hormonal and physiological changes and the nutritional needs of the individual mother and her unborn or breastfeeding child.  Pregnant women may need more frequent breaks with access to refreshments. They may only be able to tolerate food ‘little and often’ rather than more conventional meals and meal times. These eating patterns and preferences may change, especially in the early stages of pregnancy. | Establish the particular needs of the mother concerned by consultation with her, and be as accommodating as the local situation will allow. Consider temporary alternative work if the local situation is insufficiently flexible.  Review regularly as her needs may change with time. |
| **Inadequate facilities** | Rest facilities: Rest is important for new and expectant mothers as tiredness increases during and after pregnancy, and may be exacerbated by work-related factors. The need to rest is both physical and mental.  Toilet and hygiene facilities: Without easy and ready access to toilet facilities (and associated hygiene facilities), there may be increased risks to health and safety, including significant risks of infection and kidney disease. Because of pressure on the bladder and other pregnancy-related changes, pregnant women often have to go to the toilet more urgently and frequently than others. Breastfeeding mothers may also need to do so due to their increased fluid intake to promote breast milk production.  Storage facilities: Access to appropriate facilities for breastfeeding mothers to express and store milk may significantly protect the health of both mother and infant. Evidence suggests that breastfeeding can help to protect the mother against cancer and helps protect the child from certain infant diseases. |  |