

New and Expectant Mothers at Work

1. Definitions

***New or expectant mother* - a worker who is pregnant, who has given birth within the previous six months or who is breastfeeding.**

Given birth - delivered a living child or, after 24 weeks of pregnancy, a stillborn child.

2. Responsibility of the Head of School/Department (or equivalent)

It is the responsibility of the Head of School to ensure that there are arrangements in place for the identification of those activities and processes that could present a risk to new and expectant mothers at work and for providing appropriate information to female workers of child-bearing age.

A general statement that identifies generic processes and activities and describes the procedure to be followed in the event of a pregnancy should be published in the School Safety Policy.

3. Responsibility of the Individual

Notification of Pregnancy

Where the nature of the work area or work activities may present a risk to a new or expectant mother it is the responsibility of that person to notify the School at the earliest opportunity in order that appropriate action to remove or adequately control the risk may be taken. The Head of School may at that stage require written confirmation from her medical adviser. In all circumstances it is the responsibility of the individual to notify Human Resources of pregnancy in accordance with the University's Maternity Leave Regulations, i.e. receipt of a 'Mat B' Certificate 13 weeks before the expected date of confinement.

4. Risk Assessment

A summary of known hazards that may affect the health and safety of new or expectant mothers is given in [Appendix 1](#).

Once an individual declares herself pregnant her manager must ensure that a more detailed assessment of the risks from the work activity is carried out. Refer to Appendix 1. This assessment must also consider the activities of other workers in the same area since these may also affect the health of the mother or foetus.

Any risk must be reduced to an acceptable level. It is preferable to remove the risk and if this is not possible, the risk must be controlled. Within individual work areas, information should be provided on those processes which could present a specific risk to new or expectant mothers.

If unacceptable risks to the safety of the new or expectant mother at work remain, steps must be taken by the School to remove the worker from the risk. The following options may be available and should be discussed in liaison with the Human Resources and Occupational Health:

- Temporarily adjust the working condition and/or hours of work of the worker
- Offer the worker suitable alternative work if any is available, if not
- Suspend her from work (on the full normal rate of remuneration) for as long as necessary to protect her safety or health or that of her child. (This option will not affect the individual's maternity rights, pension rights or length of service.)

If there are concerns regarding the medical aspects of pregnancy or the risks involved, advice may be sought from Occupational Health or the Safety Office. In exceptional circumstances, Occupational Health will liaise with the individual's general practitioner or obstetrician.

The risk assessment should be recorded in the same way as any other risk assessment in the School. Alternatively a model form is provided in Appendix 2.

Review of assessments

The risk assessment must be kept under review. Although hazards are likely to remain constant the risk of harm to the unborn child will vary at different stages of pregnancy. Dexterity, agility, co-ordination, speed of movement and reach may be impaired because of increasing size. There it is particularly important to review the assessment where the woman intends to work late into pregnancy (see below).

5. Other considerations

1. Aspects of pregnancy that might affect work

In addition to risks presented by the work activity itself, there are aspects of pregnancy that may impact on the way the individual is able to work. Such aspects including sickness, backache, increasing size, frequent visits to toilet, tiredness, dexterity, agility, balance and comfort. Managers must give consideration to these aspects as circumstances dictate. Changes of work activity or the way in which an activity is carried out may be required.

2. Rest at Work

Pregnant workers may, at times, suffer from fatigue and other effects, especially during the latter months of the pregnancy. If an expectant mother is in need of rest during the working day, she should be permitted

to sit in a suitable and quiet area of the building, e.g. office, vacant meeting room, café, library, etc. Where the need for regular rest periods has a significant impact on work, the Head of School, through Human Resources, may request an assessment by Occupational Health. This could include whether sickness leave or statutory maternity leave should commence. Further information concerning absence or sickness related to the pregnancy is contained in the University's Personnel Policy relating to Maternity Leave.

3. **Breastfeeding**

There is no fixed time span for breastfeeding and it may vary considerably. During breastfeeding, the worker must not be exposed to risks that could adversely affect her health or that of the baby. The worker should inform their manager that they are breastfeeding and advice may be sought from Occupational Health. More information on the risk to breastfeeding mothers is given in the publications listed below.

4. **Nightwork**

Consideration should be given to new and expectant mothers who work at night. Specialists are not aware of any risk to pregnant or breastfeeding workers or their children from working at night per se. However, the individual's medical adviser may decide that working at night is to be avoided on the grounds that they consider the worker's health or safety would be adversely affected. In the event that nightwork is considered a risk (medical certificate required), the worker should be offered suitable alternative daytime work or suspended on full pay for the pregnancy term.

5. **Working late into pregnancy**

Where the worker intends to continue working close to the date of confinement it is important that the manager and the worker review the risk assessment to ensure that due consideration has been given to whether there is any increased risk. It is particularly important to review and revise the worker's access to communications with others and levels of supervision to ensure that help and support is available when required. This will be particularly relevant where lone working is involved and should the assessment identify this to be a risk then appropriate arrangements to avoid this must be implemented.

Summary of actions required:

1. Incorporate arrangements for this issue in the School Safety Policy
2. Follow School risk assessment procedure to include specific risks to new and expectant mothers
3. Implement measures for control of risk where necessary
4. Provide appropriate information to women of child-bearing age
5. Upon being notified of pregnancy, carry out specific risk assessment to identify any additional risks
6. Implement any further control measures required or remove worker from risk
7. Ensure that worker is not at risk if breastfeeding on return to work

8. Review arrangements periodically to ensure valid

Published Guidance

The following publications are available in the University Safety Office:

- Management of Health and Safety at Work Regulations 1999
- A Guide for New and Expectant Mothers Who Work - HSE, INDG 373 - For employees. (<http://www.hse.gov.uk/pubns/indg373.pdf>)
- Infection risks to new and expectant mothers in the workplace - A Guide for employers - <http://www.hse.gov.uk/pubns/books/infection-mothers.htm>
- Hazards for Pregnant Nurses: An A-Z Guide (Royal College of Nursing, 1995)
- Control of Substances Hazardous to Health Regulations 2002
- Workplace (Health, Safety and Welfare) Regulations 1992
- [The School of Nursing and Midwifery has a procedure applying to student nurses who become pregnant and are due to go out on placement.]

Appendix 1

Summary of known hazards which may affect the health and safety of new or expectant mothers

Physical	e.g. Shocks, Vibration or Movement Manual Handling Noise Ionising Radiation (specific dose limits for abdomen) Non-ionising electromagnetic radiation Extremes of heat or cold Movements and postures (travelling, standing for prolonged periods, mental & physical fatigue) Work in hyperbaric atmospheres
Biological Agents	Contact with: Human blood & body fluids Infected animals Laboratory cultures Water or food contaminated by human/animal faeces
Bacteria	e.g. Brucella, Chlamydia psittaci, Listeria monocytogenes
Viruses	e.g. Human immunodeficiency, Rubella, Varicella-zoster, Parvovirus, Hepatitis A, Hepatitis B
Protozoa	e.g. Toxoplasma gondii
Chemical Agents	e.g. Substances labelled R40, R45, R46 R61, R63, R64 Mercury and Mercury derivatives Cytotoxic (antimiotic) drugs Chemical agents of known and dangerous percutaneous absorption (may be absorbed through the skin) Carbon monoxide, lead and lead derivatives
Working Conditions	Facilities: Access to resting facilities, hygiene facilities and storage facilities (for expressing and storing breast milk)
	Hours: Long working hours, shift work and night work may lead to mental and physical fatigue.
	Occupational stress: Stress may become a problem for various reasons: Hormonal/physiological and psychological changes. Financial, emotional and job insecurity. Difficulties in organising work and private life.

	Anxiety about the pregnancy or its outcome.
	Passive smoking: Cigarette smoke is carcinogenic and mutagenic. The University Policy on no smoking should ensure that new and expectant mothers are not exposed to passive smoking whilst at work.
	Extremes of temperature: Heat stress, sudden changes in temperature, heat dehydration may impair breastfeeding.
	Display screen equipment: HSE and National Radiological Protection Board advise that levels of electromagnetic radiation generated by DSE do not pose significant risks to the health of mother or baby.
	Working alone: Pregnant women are more likely to need urgent medical attention, particularly in later stages of pregnancy.

More detailed information on the above factors is contained in the second and third publications listed on the previous page.

Work with Display Screen Equipment (VDUs)

This activity is not specifically listed in the Pregnant Workers Directive. However, in the past, there has been concern about radiation emissions from display screen equipment and possible effects on pregnant women. Research by the National Radiological Protection Board has shown that these concerns are unfounded and no special protective measures are needed to protect workers.

To avoid problems which may be caused by stress and anxiety on this issue, Schools should give women who are pregnant or planning children the opportunity to discuss their concerns with Occupational Health.

Appendix 2

- [Risk assessment for new and expectant mothers \(Word Format\)](#)
- [Risk assessment for new and expectant mothers \(PDF Format\)](#)