



NEW AND EXPECTANT MOTHERS AT WORK GUIDANCE

Title	New and Expectant Mothers at Work Guidance
Who should use this	All Staff
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Approved by Management Team	12 July 2017
Approved by Joint Board	N/A
Reviewer	Office Manager
Review Date	October 2023

Review History

REVIEW NO.	DETAILS	RELEASE DATE
1	NEW	JULY 2017
2	MINOR CHANGES INCLUDING TO INSERT TABLE AND UPDATE TO ITEM 6.	OCTOBER 2020
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1. Introduction

This document aims to reduce any identified risks to new and expectant mothers at work and provide guidance on specific control measures required to protect them. It will assist in the risk assessment process and the implementation of its subsequent controls.

Pregnancy is part of everyday life. It is not an illness and should not be treated as such. However, certain work activities may have adverse health effects on new and expectant mothers. Pregnancy also puts a strain on the body that may increase the risks to a worker's health and safety. The level of risk will vary between individuals and at different times during a pregnancy.

In order to ensure that new and expectant mothers can work without any unacceptable risks to their health and safety, managers should be aware of:

- any female workers who may be of child-bearing age;
- the effects of the physiological, hormonal and psychological changes that occur during pregnancy and the postnatal nursing period;
- any work activities, or aspects of the workplace, which may pose a particular risk to new and expectant mothers.

2. Legal Requirement

Under the Health and Safety at Work etc Act 1974 the Board has a general duty to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees and any other person who may be adversely affected by the Board's work activities or workplace. Employees have a legal duty to take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions, co-operate with the Board's health and safety arrangements and act in accordance with any training, instructions and information provided to them.

The Management of Health and Safety at Work Regulations 1999, places a legal duty on the Board to carry out risk assessments of all of the hazards posed to their employees, including any particular or additional risks to new and expectant mothers. While it is a legal obligation for employers to regularly review general workplace risks, there is no legal obligation to conduct a specific, separate risk assessment for new and expectant mothers. However, in doing so, it may help to highlight if any additional action needs to be taken.

Under the Employment Rights Act 1996 (as amended by the Employment Relations Act 1999), the Board may, where appropriate, offer alternative work that is suitable and on the same terms and conditions to avoid a risk. This can include suspending an employee on maternity grounds (on full pay) under any recommendations in any relevant provisions of a Code of Practice issued or approved under the Health and Safety at Work etc Act 1974.

The Workplace (Health, Safety and Welfare) Regulations 1992 require the Board to provide suitable rest facilities for pregnant women or nursing mothers and to protect them from the effects of tobacco smoke in rest areas.

3. Definitions

The phrase 'new or expectant mother' means an employee who is pregnant, who has given birth within the previous six months or who is breastfeeding. There is no limit on the period of breast feeding.

'Given birth' is defined in the Management of Health and Safety at Work Regulations 1999 as 'delivered a living child or, after 24 weeks of pregnancy, a stillborn child'.

4. Requirements of Employer and Employee

Managers and Supervisors are responsible for ensuring that:

- new and expectant mothers are encouraged to inform their employer of their condition at the earliest possible opportunity and that the highest level of confidentiality is maintained at all times;
- risk assessments are carried out for all work activities undertaken by new and expectant mothers and associated records and documentation maintained;
- necessary control measures identified by the risk assessment are implemented, followed, monitored, reviewed and, if necessary, revised;
- new and expectant mothers are informed of any risks to them and /or their child and the control measures taken to protect them;
- any adverse incidents are immediately reported and investigated;
- appropriate training etc. is provided where safer alternative work is offered and accepted;
- provision is made to support new and expectant mothers who need to take time off work for medical reasons associated with their condition.

New and expectant mothers should:

- inform their general practitioner or midwife of the nature of their work;
- notify their employer in writing, as soon as possible, if they are pregnant, have just given birth or are breastfeeding;
- follow any safety arrangements implemented for their protection, including attending training sessions, complying with control measures etc.;
- not act in a manner that adversely affects their own health and safety, that of their child and /or anyone else;
- report to their employer any perceived or real shortcomings in protection.

5. Assessment of Risk

Generic precautions taken to protect the health and safety of the workforce as a whole will, in most cases, also protect new and expectant mothers. However, there are occasions when, due to their condition, different and /or additional measures may be necessary. Where a manager receives notification of a medical condition from a new or expectant mother that may result in the employee not being able to perform their normal work duties, the manager should seek further guidance and information from Occupational Health via the Board's Personnel Representatives.

In order to carry out an accurate risk assessment of a new or expectant mother employers require to understand the many physiological, hormonal and psychological changes that can occur during the term of the pregnancy and during the postnatal nursing period, so that they can incorporate these into the risk assessment process. Appendix 2 provides a template Risk Assessment that should be used for this process.

Appendix 1 provides managers with examples of physical and emotional risk factors such as morning sickness, backache etc. and the control measures that may be implemented to reduce the effects of these.

Since the pregnancy and postnatal periods are 'dynamic', e.g. the body undergoes constant physiological, hormonal and psychological changes; the risk assessment process will help reflect this. Regular reviews and, if necessary, revisions of the risk assessment will be required, in order to pick up any effects of changes as they occur.

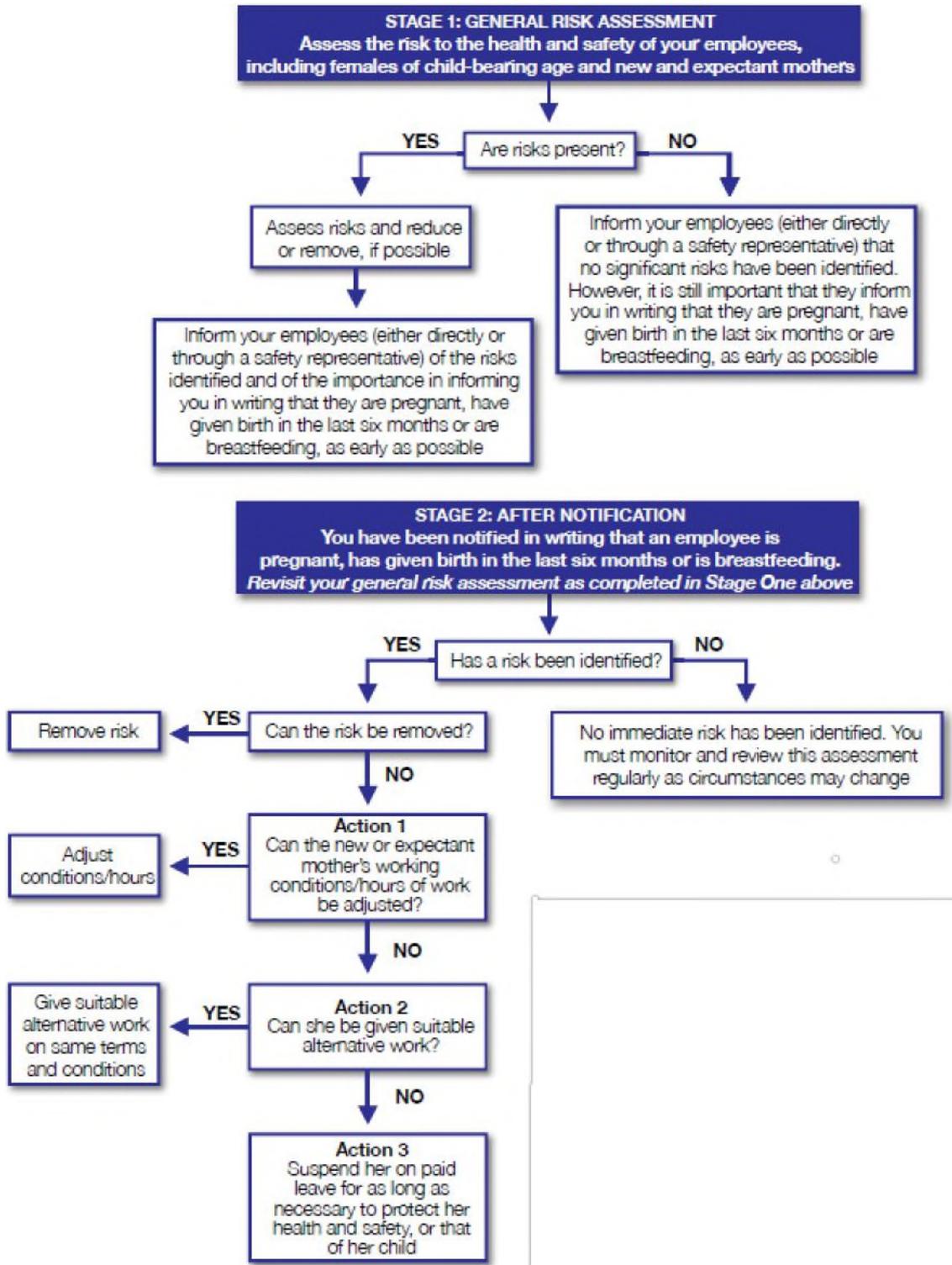
There are some other important points to bear in mind:

- Female employees should be informed of the need to notify their manager as early as possible of pregnancy, breastfeeding or if they have given birth in the last six months. Many women may not be aware that they are actually pregnant for the first 4 to 6 weeks. Certain chemicals and infections can be passed on to foetuses through the placenta and to breast-feeding babies through their mother's milk.
- During the risk assessment process of work activities managers are required to specifically consider employees who are new or expectant mothers and take action to ensure that they are not exposed to any significant risk. Any control measures implemented, as part of the risk assessment should be sufficient to protect the employee.

This is broken down into two stages:

- Managers should refer to the generic risk assessments that were carried out on their work activities to see if any hazards were identified that might affect female workers of childbearing age. If no hazards were identified then no further action is required.
- If hazards were identified in the generic workplace risk assessment as detailed above then they should carry out a *specific risk assessment* (see Appendix II), This assessment should take into consideration any medical advice the employee's doctor has provided on either the Med 3 or MAT B1 (this form is issued by a midwife usually when the person is about 28 weeks pregnant).

The following flowchart provides managers with guidance on what to do upon notification of pregnancy, birth or breastfeeding. It is recommended that Managers monitor and review these actions on a regular basis.



6. Review of Assessment

Risk assessment is not a one-off exercise. If a specific risk assessment has been carried out for a new or expectant mother then it will require to be reviewed and if necessary revised at different stages of the pregnancy. For example:

- An initial assessment should be completed once written notification of the pregnancy has been received by the employer;
- First review completed within the second trimester (3-6 months) or earlier if required;
- Second review within the third trimester (6-9 months) or earlier if required;

- Third review prior to returning if work, if returning within 6 months of giving birth or if breastfeeding;
- Fourth review following the initial period after return to work. If breastfeeding continues risk assessment should continue if work circumstances change.

This is important because the risk of damage to the unborn child may rise at different stages of a pregnancy from any process, working condition or physical, biological or chemical agents. For example, dexterity, agility, co-ordination, speed of movement and reach may be impaired because of increased size as the pregnancy progresses.

A review of the risk assessment will also require to be carried out if:

- any relevant health issues arise from the pregnancy or postnatal period;
- there is reason to believe that the previous assessment is no longer valid (e.g. following a change in work activities and/or in the condition of the new or expectant mother);
- an injury or incident occurs.

7. Specified Hazards

While new and expectant mothers are generally at no greater risk than other workers, there are some defined hazards that employers are required to take into account in any risk assessment. The following checklist is a useful tool to help identify risks that could be harmful to the safety of new and expectant mothers and their children:

Physical Agents

Physical agents identified in the HSE guidance include:

- movements and postures (standing, sitting, confined spaces) that may cause mental and /or physical fatigue
- vibration and shocks
- noise
- moving & handling and manual handling activities.

The effects of physical agents vary according to the agent involved. Hot temperatures, moving and handling or excessive movement may increase tiredness and fatigue.

Moving & Handling and Manual Handling

Pregnancy considerably increases the risk of injury associated with moving & handling and manual handling operations in the three months before and after the birth. Women should not handle significant loads, as identified in the risk assessment, during this period.

Biological Agents

Under the Management of Health and Safety at Work Regulations 1999, the risk to new and expectant mothers of contracting infections and contagious diseases must be considered during the assessment.

Controls implemented for the workforce, as a whole, will therefore generally provide acceptable protection to new and expectant mothers.

The risk assessment should take account of:

- the biological agent involved (or likely to be involved)
- how it is spread
- the level of exposure

- how likely an infection is
- any record of recent immunisation administered
- all relevant control measures according to the type of biological agent involved, as prescribed in the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

The COSHH Regulations contain detailed measures for assessing and controlling the risks associated with biological agents, depending on the classification assigned to the biological agent.

Control measures may include:

- avoiding exposure to the biological agent
- containment of the work
- high standards of personal hygiene (with provision of the necessary facilities e.g. wash hand basins, showers)
- vaccines (provided there is no risk to the foetus or baby).

Further information and guidance on control measures for biological agents can be found in the Board's Guidance on Infection Control and Control of Substances Hazardous to Health.

Chemical Hazards

Many chemical agents are capable of having adverse health effects on new and expectant mothers and /or their unborn baby. The risk that such chemicals pose is determined by the chemical involved, the level of exposure and any particular circumstances at individual workplaces.

In many cases, there are legal limits placed on exposure to chemicals. The COSHH Regulations 2002 and the accompanying Approved Codes of Practice provide details on assessing and controlling risks associated with exposure to chemicals. Avoiding exposure, engineering controls (such as local exhaust ventilation), good personal hygiene and personal protective equipment are common control measures. Personal protective equipment should only be used if all other control methods have failed.

Working Conditions

In addition to exposure to physical, biological and chemical agents, managers need to also consider the actual working conditions of new and expectant mothers.

Poor working conditions that may adversely affect the health and safety of new and expectant mothers are (this list is not exhaustive):

- unsuitable seating
- prolonged static positions
- long hours and shift work
- lack of work space
- extreme temperatures (high or low)
- work-related stress
- exposure to aggressive /violent situations
- exposure to passive smoking (particularly relevant in the early stages of pregnancy)
- lone working
- work at height
- lack of appropriate and accessible welfare facilities (e.g. no readily accessible toilets, rest rooms, or insufficient work breaks to utilise these facilities).

Problems associated with poor postures, including prolonged static postures and /or standing and unsuitable seating, should be identified in the risk assessment. Re-organising the work, such as ensuring task rotation, will prevent long periods in any one position. Factors such as increasing available workspace and providing fully adjustable seating may also be relevant controls. Assessment of any display screen workstations is relevant.

Working Hours

As new and expectant mothers are more prone to fatigue, physical or strenuous work, long and /or unsociable working hours or shift work (particularly late and early shifts) may need to be adjusted.

It is important to ensure that rest breaks are taken, as required. Long periods of driving will involve prolonged sitting postures and these will need to be assessed.

Temperature

Temperature extremes may cause adverse effects, with very hot and /or humid temperatures increasing fatigue and possibly affecting the ability of mothers to breast-feed their children. Thermal clothing requires to be provided for cold work and consideration given to icy surfaces, as pregnant women may be less mobile or be less able to react to sudden changes in balance.

Relevant controls include:

- limiting the time new and expectant mothers work in extreme temperatures
- allowing rest breaks to be taken
- providing readily accessible drinks (hot or cold, as appropriate).

Work-related Stress

Work-related stress can occur as physiological, hormonal and psychological changes taking place throughout pregnancy and the postnatal period may make new and expectant mothers more susceptible to stress, anxiety or depression generally. Also, any existing work stressors can be exacerbated by such hormonal changes. If possible it is recommended that uncertainty about job security, pay, working conditions, or about the birth itself (e.g. previous pregnancy problems) is identified and addressed where possible.

If required, a stress risk assessment may be carried out for the employee. A template can be found on SharePoint.

Passive Smoking

The Board has a legal duty to protect non-smokers from the effects of tobacco smoke. This forms part of the Board Smoke Free Policy which prohibits smoking in the workplace.

Access to Welfare Facilities

Under the Workplace (Health, Safety and Welfare) Regulations 1992 the Board is legally required to provide suitable rest facilities for employees who are pregnant or breastfeeding.

It is good practice to provide a private, comfortable environment for nursing mothers to express and store milk. This could be provided in the suitable rest facilities. In addition, new and expectant mothers may require to leave their work tasks in order to utilise these facilities. Dependent on the nature of the work, prior agreement may need to be reached to facilitate such breaks, especially where the absence of the employee may jeopardise the service being provided.

Other Considerations

Other considerations that managers will need to be mindful of in protecting new and expectant mothers are:

- restricting them from work at height, e.g. on ladders
- ensuring that personal protective equipment fits, is comfortable and provides the necessary protection at all times during the pregnancy or postnatal period.

8. Control Measures

Every new and expectant mother will experience different effects during their pregnancy. Therefore, managers have to be aware that, while general control measures are in place for the

protection of the workforce as a whole, additional and individual measures may be necessary for each new and expectant mother.

9. Further Information

Risk and Safety Team
South Ayrshire Council
Property and Risk
Newton House
30 Green Street Lane
Ayr KA8 8BH
Tel. (01292) (61) 3090

Occupational Health Service

South Ayrshire Council
12 Bath Place
Ayr KA7 1DP
Tel: 01292 (61) 2139

Health and Safety Executive

Cornerstone
107 West Regent Street
Glasgow G2 2BA
www.hse.gov.uk

Employment Medical Advisory Service (EMAS)

Cornerstone
107 West Regent Street
Glasgow G2 2BA

10. Further Guidance and Information

Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice L24.

Five steps to risk assessment Leaflet INDG163.

New and Expectant Mothers at Work: A Guide for Employers HSG122.

Infection risks to new and expectant mothers in the workplace: A guide for employers Guidance booklet.

A guide for new and expectant mothers who work INDG373

COSHH: A brief guide to the regulations INDG136

<http://www.hse.gov.uk/pubns/indg136.pdf>

11. Relevant Legislation

The Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999

Workplace (Health, Safety and Welfare) Regulations 1992

Control of Substances Hazardous to Health Regulations 2002

Maternity (Compulsory Leave) Regulations 1994

Employment Rights Act 1996 as amended by the Employment Relations Act 1999

Sex Discrimination Act 1975

APPENDIX 1

New and Expectant Mothers at Work: Physical / Emotional Factors and Control Measures
(this list is not exhaustive. It merely provides Managers with examples of some control measures that may be implemented).

Physical/emotional factor	Work factors	Control measures
Morning sickness	Early morning shifts	Re-organise shifts to avoid early mornings.
Headaches	Exposure to nauseating smells – in some cases this may be an innocuous, ordinary, everyday smell that the pregnant woman suddenly finds intolerable	Avoid duties involving strong/nauseating smells, e.g. cleaning up human soiling, work with strong chemicals.
Backache	Long periods of standing	Provide suitable seating where possible or reduce the time spent standing – ensure rotation of work duties to avoid periods of standing or sitting.
Backache	Moving and handling tasks Poor posture Insufficient available working space	Assess and control all moving and manual handling activities carried out by the pregnant woman. Re-organise work and/or workplace to avoid poor posture. Ensure adequate space at workstation and for moving around.
Hormonal changes	Manual handling, due to weakened ligaments Wearing of protective equipment and clothing (PPE), aggravating sensitive breasts and nipples	Assess and control all moving and manual handling activities carried out by the pregnant woman. Avoid work activities requiring PPE or review and revise any PPE provided.
Varicose veins	Long periods of standing or sitting	Ensure rotation of work duties to avoid long periods of standing or sitting.
Haemorrhoids	Poor posture Hot environments	Re-organise work and/or workplace to avoid poor posture. Avoid or minimise time spent in hot environments Provide some form of air cooling, if appropriate.
Increased visits to toilet	Work that is difficult to leave Difficult access to, or location of, toilets.	Re-organise work activities and/or workplace to allow necessary visits to toilet.

Physical/emotional factor	Work factors	Control measures
Increasing size (may also reduce mobility, dexterity and general co-ordination in later stages)	Moving and manual handling tasks	Assess and control all manual handling activities carried out by pregnant women.
	Display screen work – increasing viewing distance from screen Protective equipment and clothing (PRR)	Ensure adequate space at workstation and for moving around. Assess display screen workstation and make necessary changes or re-organise work activities to avoid display screen work. Avoid work activities requiring PPE or review and revise the PPE provided.
Changes in blood pressure	Work that is difficult to leave	Provision of rest facilities and organisation of work activities to allow their use, as required.
Tiredness	Long working hours and/or overtime Evening work Strenuous, physical work	Provision for attending medical examinations. Re-organisation of work to avoid/reduce strenuous activities.
Reduced balance	Working on wet slippery surfaces Working at height Work requiring stretching away from the body	Provision of appropriate anti-slip flooring. Planned preventative maintenance programmes to maintain good condition of flooring. Re-organisation of work activities or workplace to avoid slippery, etc surfaces, working at height or stretching away from the body. Provision of suitable ladders/step ladders.
Other factors (psychological effects of stillbirth, abortion, birth of disabled babies, postnatal depression)	Highly pressured work Work involving care of babies etc.	Provision for leave for counselling or other health-related sessions.
	Work involving high levels of concentration and/or life saving decisions	Assessment and re-organisation of work activities to fit capabilities of employee. Avoid work known or shown to cause, or exacerbate, distress.

Physical/emotional factor	Work factors	Control measures
		Agree to a rehabilitation plan for the gradual resumption of work activities with the employee and her doctor or occupational health advisor.
Caesarean births	Moving and handling Poor posture Strenuous work activities	Agree to a rehabilitation plan for the gradual resumption of work activities with the employee and her doctor or occupational health advisor.

APPENDIX 2

New and Expectant Mothers at Work Risk Assessment

Reference No:		Section:		
<p>Upon receiving written notification of pregnancy the Line Manager/ responsible person will carry out this risk assessment. The list below is not exhaustive and others hazards should be added where identified. This risk assessment should be regularly reviewed as the new and expectant mothers circumstances change.</p>				
BRIEF DESCRIPTION OF WORK ACTIVITIES			PERSON(S) AT RISK	
			NAME:	
			New Mother: <input type="checkbox"/>	
			Expectant Mother: <input type="checkbox"/>	
			Due Date:	
	IDENTIFIED (WORK RELATED) HAZARDS	Yes	No	EXISTING CONTROL MEASURES
1	Slips, trips & falls	<input type="checkbox"/>	<input type="checkbox"/>	
2	Manual Handling activities	<input type="checkbox"/>	<input type="checkbox"/>	
3	Extremes of temperature & humidity	<input type="checkbox"/>	<input type="checkbox"/>	
4	Access & egress	<input type="checkbox"/>	<input type="checkbox"/>	
5	Stress which causes distress	<input type="checkbox"/>	<input type="checkbox"/>	
6	Mental & physical fatigue	<input type="checkbox"/>	<input type="checkbox"/>	
7	Working with computers (DSE)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Work in confined spaces or below ground	<input type="checkbox"/>	<input type="checkbox"/>	
9	Lone working	<input type="checkbox"/>	<input type="checkbox"/>	
10	Shift work (or out of hours working)	<input type="checkbox"/>	<input type="checkbox"/>	
11	Excessive travelling to, from, or during work	<input type="checkbox"/>	<input type="checkbox"/>	
12	Standing for prolonged periods	<input type="checkbox"/>	<input type="checkbox"/>	
13	Violence & Aggression	<input type="checkbox"/>	<input type="checkbox"/>	
14	Work affected by reduced balance (heights)	<input type="checkbox"/>	<input type="checkbox"/>	
15	Noise or Vibration	<input type="checkbox"/>	<input type="checkbox"/>	
16	No control over rate of work	<input type="checkbox"/>	<input type="checkbox"/>	
17	Additional hazards (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
COMMENTS:				
BIOLOGICAL / CHEMICAL AGENTS (potential exposure to:)		Yes	No	
Cross reference to COSHH Assessments		<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)		<input type="checkbox"/>	<input type="checkbox"/>	
COMMENTS:				

Risk Rating Number (RRN) with existing Control Measures:		[]	X	[]	=	[]
		severity		likelihood		
HIGH: []	MEDIUM: []			LOW: []		
<i>High = 12 to 25</i>	<i>Med = 4 to 10</i>			<i>Low = 1 to 3</i>		
No	Additional Recommended Control Measures: <small>(entries below must be numbered with the corresponding number of the hazard above)</small>	Action by:	Completion Date:			
RRN after implementation of additional control measures:		[]	X	[]	=	[]
(repeat RRN from above if no additional measure recommended)		severity		likelihood		
Assessed by:		Date:				
Designation:						
Person Responsible for ensuring the above is Implemented:						
Signature:		Issue Date:				
Designation:		Review Date:				
Comments:						

HEALTH AND SAFETY RISK ASSESSMENT GUIDANCE

Hazard Hazard is an event or situation, which has the **potential** to cause harm (loss, damage, injury, ill-health, psychological harm, industrial disease or death)

Risk Risk is the **chance, or likelihood**, that the harm will occur from a particular hazard.

- Examples**
- (i) Faulty wiring is a **hazard**, which could result in the **risk** of electrocution or fire.
 - (ii) Verbal or Physical Abuse is a **hazard**, which could result in the **risk** of injury and/ or psychological damage
 - (iii) Exposure to hazardous substances is a hazard, which could result in risk of ill health or industrial disease

We require to estimate how likely a risk is to materialise and how severe the consequences might be, in order to **prioritise** the necessary preventative action.

Quantification of Risk

Estimation of severity

The severity column should be used to estimate the severity of impact, should the risk arise.

Estimation of Likelihood

The likelihood column should be used to estimate the chance of the risk occurring.

Severity		Likelihood	
1	Minor	1	Unlikely
2	Moderate	2	Possible
3	Major	3	Likely
4	Critical	4	Very Likely
5	Catastrophic	5	Almost Certain

When selecting the “**severity**”, we need to consider how the risk would impact in terms of level of loss, injury or ill-health. We need to consider what is most probable, rather than what is possible.

When selecting the “**likelihood**”, we need to consider the exposure frequency, e.g. dealing with an aggressive customer, as a ‘one off’ is less likely to have an impact than being exposed to aggressive customers on a daily basis.

Risk Rating = Severity x Likelihood

The Risk Rating Matrix outlined below is a tool with which the risk rating can be classified, and is accepted as a means of analysing Ayrshire Valuation Joint Board Health and Safety Risk and whether this is considered to be HIGH, MEDIUM or LOW. Risks rated at 4 or above require to be addressed, in order that they can be reduced to the lowest level reasonably practicable. Those below 4 should be continually monitored, (and addressed where resources permit).

Risk Rating Matrix

5	10	15	20	25
4	8	12	16	20
3	6	9	12	15
2	4	6	8	10
1	2	3	4	5

High	12 - 25	Immediate risk reduction required.
Medium	4 - 10	Risk reduction measures required.
Low	1 - 3	Address where resources permit and continue to monitor regularly, as risks can increase over time.