

1. Haringey Council Procedure

- 1.1 Haringey Council recognises that pregnancy and motherhood is not generally equated with ill health and that it should be regarded as part of everyday life. Many women work while they are pregnant and return to work while they are breastfeeding. Certain risks arising out of work can be adequately addressed by normal health and safety management procedures.

Health and safety legislation require employers to take particular account of risks to females of childbearing age who could become pregnant, and any risks to new and expectant mothers. These risks can be from any process, working conditions, or physical, biological or chemical agents.

Working conditions generally considered acceptable may no longer be so during pregnancy and while breastfeeding, so action will be required. Haringey Council will take reasonably practicable steps to ensure that safe working practices and environments are provided and that risks are eliminated or reduced to the lowest practicable level, and that new and expectant mothers, their unborn child or baby are not harmed.

2. Scope of Procedure

- 2.1 This procedure aims to protect the health, safety and welfare of female employees (including temporary and agency staff, students, voluntary workers) who are:
- Pregnant or who may become pregnant
 - New mothers (defined as having given birth within the previous 6 months)
 - Breastfeeding
- 2.2 Whilst there is no legal requirement for employees to inform the employer that they are pregnant or a new mother, they should bear in mind that Haringey Council is not required to take any specific action until written notification is provided. It is therefore important for the employee and her child's health and safety that employees provide written notification as early as possible so that it will allow the Council to implement this procedure as appropriate.

3. Key Terms and Summary Information

3.1 Key Terms

New or expectant mother	A woman who is pregnant, has given birth within the last six months or is breastfeeding.
Given birth	Described in the Management of Health and Safety at Work Regulations 1999 as having 'delivered a living child or, after 24 weeks of pregnancy, a stillborn child'.
Risk Assessment	Identifying sensible measures to control risks in the workplace.
Hazard	Anything that may cause harm, e.g. chemicals, noise, manual handling, violence and aggression, work related stress.

Risk	The chance, high or low, that somebody could be harmed by the hazards, together with an indication of how serious that harm could be.
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4. Responsibilities for Implementation

4.1 Directors

- 4.1.1 Bring to the attention of all their staff the contents of this procedure and monitor its implementation.
- 4.1.2 Ensure managers are aware of their health and safety responsibilities and that risk assessments (including for expectant and new mothers) are carried out.

4.2 Managers/Head Teachers

Managers and Head Teachers will, if required, seek support from Haringey Council's Corporate Health and Safety Team to assist with any decision making relating to new and expectant mothers, and:

- 4.2.1 Inform employees that it is important for them to provide written notification that they are pregnant or breastfeeding as early as possible.
- 4.2.2 Ensure that the general risk assessments they are responsible for carrying out in their areas have considered female employees of childbearing age, who are pregnant or may become pregnant, are new mothers or who are breast-feeding.
- 4.2.3 Following written notification that an employee is a new or expectant mother or is intending to breastfeed on their return to work, that an individual new and expectant mother risk assessment is completed.
- 4.2.4 Take all reasonable steps to eliminate any potential risks that new, expectant mothers are exposed to. Where the risk cannot be eliminated, the Manager/Head Teacher must:

Action 1: Temporarily adjust the new/expectant mother's working conditions and/or hours of work if this would avoid the risk.

Action 2: If Action 1 is not possible, offer the new/expectant mother suitable alternative work (at the same rate of pay) if available.

Action 3: If actions 1 and 2 are not feasible, the new/expectant mother must be sent home from work on paid leave for as long as necessary, to protect her health and safety, and that of her baby.

- 4.2.5 Ensure additional control measures are implemented and / or reasonable adjustments are made, subject to any findings from the risk assessment process.
- 4.2.6 Ensure additional controls or adjustments are being followed by the new, expectant or breastfeeding mother and are monitored, reviewed and revised where necessary.
- 4.2.7 Ensure a copy of the new and expectant mothers risk assessment is provided to the employee.

4.2.8 Refer the new/expectant mother to the Occupational Health team if:

- a) There are any concerns undertaking the risk assessment or establishing effective controls.
- b) The new/expectant mother has any concerns.

4.2.9 Ensure that suitable rest areas and lavatory facilities are available.

4.2.10 Provide suitable breast-feeding facilities. It is recommended that nursing mothers are provided with a private, healthy and safe environment in which to express and store milk. Toilets are not suitable for this.

4.3 Employees (New and Expectant Mothers)

New and expectant mothers must take reasonable care of their own health and safety **in accordance with the Council's health and safety policies and procedures, and are to:**

- 4.3.1 Inform their Manager/Head Teacher in writing of their pregnancy (or intention to breastfeed on returning to work as soon as possible to enable an adequate risk assessment to be carried out and to allow the Council to implement this procedure. Doctors or midwives must issue form MAT B1 free of charge to their pregnant patients for whom they provide clinical care, which can be used by the pregnant employee to notify their manager of their pregnancy.
- 4.3.2 Co-operate with their Manager/Head Teacher in the completion and review of the new and expectant mothers risk assessment.
- 4.3.3 Follow any additional control measures or adjustments to working arrangements as agreed in the new and expectant mothers risk assessment and as given by the Occupational Health team.
- 4.3.4 If the employee believes there is a risk to their health and safety, or that they or the baby has not been considered by the risk assessment, they must immediately bring this to the attention of their Manager/Head Teacher, the Corporate Health and Safety Team, the Occupational Health team and if necessary, the HR team.

4.4 All Employees

- 4.4.1 All employees must take reasonable care of their own health and safety, considering their actions and omissions and how that may affect their safety and the safety of others including new and expectant mothers.

4.5 Health and Safety Wellbeing Champion

- 4.5.1 The Health, Safety and Wellbeing Champion shall bring any significant concerns reported to them, and in relation to New and Expectant Mothers, to the attention of their Director, Assistant Director or relevant Health and Safety Board.

4.6 Corporate Health and Safety Team

The Council's corporate Health and Safety Team shall:

- 4.6.1 Provide advice, support and technical assistance in matters relating to new and expectant mothers.

- 4.6.2 If required, assist managers/head teachers in undertaking risk assessments and incident investigations.

5. Specialist Advice

5.1 Occupational Health Service

- 5.1.1 Provide professional advice to managers/head teachers regarding completion of new and expectant mothers risk assessments and subsequent management of new and expectant mothers.
- 5.1.2 Advise employees and managers/head teachers regarding pregnancy related illness or issues.

6. Other documents you may need to consider

6.1 Legislation and Guidance (hyperlinks)

- 6.1.1 [New and expectant mothers who work INDG373 - HSE leaflet](#)
- 6.1.2 [Infection risks to new and expectant mothers in the workplace - HSE guide](#)
- 6.1.3 [Royal College of Obstetricians and Gynaecologists \(RCOG\) website](#)

6.2 Forms and Procedures (hyperlinks)

- 6.2.1 [Haringey Council guidance for managers \(maternity leave\)](#)
- 6.2.2 [Haringey Council risk assessment policy guidance](#)
- 6.2.3 [Haringey Council risk assessment form](#)
- 6.2.4 [Haringey Council new and expectant mothers risk assessment template](#)
- 6.2.5 [Haringey Council workplace health, safety and welfare policy guidance](#)

7. Action to Take

7.1 General Risk Assessment

- 7.1.1 Pregnancy can often go undetected for the first 4-6 weeks and the unborn child is particularly vulnerable in the early months of pregnancy. Therefore, it is important that managers and head teachers consider the risks to new and expectant mothers and/or their child when completing their general risk assessments, taking any necessary action to ensure they would not be potentially exposed to any significant risk.
- 7.1.2 Managers/Head Teachers should produce their general risk assessments in accordance with the Council's risk assessment policy guidance (See section 6.2 'Forms and Procedures' for link to guidance).

- 7.1.3 Non-employees such as external contractors, visitors and members of the public should be notified of any hazards prior to entering any high-risk areas. It is the responsibility of the Manager/Head Teacher bringing in the contractor, visitor or member of the public into a Haringey Council building that the correct advice and precautions are given.

7.2 New and Expectant Mothers Risk assessment

- 7.2.1 Once a manager/head teacher has been notified in writing that a member of staff is a new or expectant mother either being pregnant or has given birth in the last 6 months or that she is breast feeding, the manager/head teacher must conduct a specific new and expectant mothers risk assessment for that employee (*see Appendix 1 for New and Expectant Mothers risk assessment form*). The risk assessment is an assessment **of their work, helping to identify if it presents any risk to the mother's health and safety**, or that of their child, and it takes into account if the employee is experiencing any particular problems undertaking work tasks.

The risk assessment must be carried out in conjunction with the new or expectant mother and shall take into consideration any advice provided by the **mother's** health professional and/or Occupational Health service.

If any risks are identified, then managers/head teachers must act as soon as practicable to implement the control actions, i.e. to remove, reduce or control the risk.

The assessment shall be reviewed frequently as different problems may arise during the different stages of pregnancy (e.g. morning sickness may affect some women early on, while later their increased size may make manual handling more difficult).

A copy of the new and expectant mothers risk assessment shall be provided to the employee.

- 7.2.2 The new and expectant mothers risk assessment form shall be used by managers/head teachers to help them carry out an individual risk assessment.

(See Appendix 1 for New and Expectant Mothers Risk Assessment Form).

The risk assessment must include consideration of the following risks:

Physical risks, including:

- Awkward spaces and workstations
- Vibration and shocks
- Excessive noise
- Exposure to radioactive materials (covered by specific legislation)
- Lifting or carrying heavy loads
- Standing or sitting still for long lengths of time

Biological risks, including:

- Infectious diseases
- Blood borne viruses

Chemical risks, including:

- Handling of chemicals
- Exposure to mercury
- Exposure to lead
- Exposure to toxic chemicals

Working conditions, including:

- Inadequate facilities (including rest rooms)
- Mental and physical fatigue
- Excessive working hours including night work
- Work related stress including post-natal depression
- Workstations and posture including working with display screen equipment (DSE)
- High or low temperature
- Working alone
- Working at heights
- Travelling
- Threat of violence in the workplace
- Any impact on the use of personal protective equipment (PPE)
- Exposure to cigarette smoke

7.2.3 Managers/Head Teachers shall also review the Display Screen Equipment (DSE) risk assessment (if they are a user) to ensure it is appropriate for new and expectant mothers to protect them from any identified increased risk of harm relating to musculoskeletal discomfort, visual disturbance and mental stress. **It's not necessary** to stop pregnant women from working with visual display units.

7.2.4 Managers/Head Teachers must be mindful of the confidential/private nature of the information on the risk assessment form. At the end of pregnancy/breastfeeding, when the assessment is no longer required, the risk assessment form should be stored in the individuals personal file.

7.3 Aspects of pregnancy that may affect work

7.3.1 Certain physiological aspects of pregnancy also need to be taken into consideration when deciding whether the work poses a particular risk to pregnant workers. The impact will vary during the course of the pregnancy and their effects should be regularly reviewed, for example the posture of expectant mothers changes to cope with increasing size.

Aspects of pregnancy	Factors in work
Morning sickness	Early starts. Exposure to nauseating smells, which could include cooking, chemicals, cleaning products.

Backache	Standing for long periods. Manual handling. Posture.
Fainting	Working in hot conditions. Getting up from seated position too quickly.
Hemorrhoids	Working in hot conditions.
Varicose veins	Standing or sitting for long periods.
Frequent visits to the toilet	Difficulty leaving job or site of work.
Increasing size	Use of protective clothing. Working in confined areas. Manual handling.
Tiredness	Overtime. Evening work.
Comfort	Problems of working in tightly fitting work uniforms.
Balance	Problems of working on slippery, wet surfaces. Working at height.
Dexterity, agility and co-ordination, speed of movement and reach may be impaired because of increasing size	Physical jobs and tasks.

7.4 Action after Risk Assessment

If, after taking whatever preventative or protective action (as required by the new and expectant mothers risk assessment and relevant health and safety legislation) the risk cannot be avoided, the following action shall be taken by the Manager/Head Teacher:

7.4.1 **Action 1** – The Manager/Head Teacher shall temporarily adjust the new/expectant mother's working conditions and/or hours of work if this would avoid the risk and it is reasonable to do so.

7.4.2 **Action 2:** If Action 1 is not reasonable or possible, or to do so would not avoid the risk, the Manager/Head Teacher shall offer the new/expectant mother suitable alternative work (at the same rate of pay) if available.

If a new or expectant mother works at night and a certificate from their doctor or midwife shows that it is necessary for their health and safety that they should not do so for a period specified in the certificate, then the Council must consider whether it would be possible to offer the employee a suitable alternative job during the day on the same terms and conditions. If that is not reasonable, they shall be given paid leave for as long as necessary to protect her health and safety, and that of her baby (see 'Action 3' below).

7.4.3 **Action 3:** If Actions 1 and 2 are not feasible or do not avoid the risks, then as a last resort, the new/expectant mother must be sent home from work on paid leave for as long as necessary to protect her health and safety, and that of her baby.

This must only be done in conjunction with the HR Department and in line with Regulation 16 of the Management of Health and Safety at Work Regulations 1999 and Sections 66-68 of the Employment Rights Act 1996.

- 7.4.4 The Manager/Head Teacher must take advice from the HR Department if they are considering taking any of the actions stated above.

(See Appendix 2 outlining the action to be taken).

7.5 Breastfeeding

- 7.5.1 On receiving notification that the employee is breastfeeding or wishes to breastfeed on their return to work, the Manager/Head Teacher must ensure:

- **The new or expectant mother's risk assessment is reviewed** in conjunction with the employee, and if necessary, the Occupational Health Service. Where required, further preventative and protective action is taken so that she is not exposed to risks that could damage her health and safety and that of her child, for as long as she continues to breastfeed. Any action needed should be recorded on the risk assessment form and implemented as soon as is practicable.

The regulations do not put a time limit on breastfeeding; this is for the woman to decide, depending on circumstances and her choice.

- The risk assessment must be reviewed frequently after the birth whilst breastfeeding, due to the changes experienced by the individual at each stage.
- Arrangements are made to provide suitable rest facilities for breastfeeding mothers. Although not a legal requirement, arrangements should also be made to provide a private, healthy and safe environment for nursing mothers to express and store milk (ie. in a secure, clean refrigerator). Toilets are not suitable for this arrangement.
- Easy access to hand washing facilities.
- Suitable breaks are agreed to enable milk to be expressed.

- 7.5.2 Adjustments to work may be required, for example allowing where feasible some flexibility in working patterns such as start, finish and break times. This could include allowing time to travel home to breast feed or express milk, or arrangements **agreed where feasible to enable the new mother's baby to be brought to work by the baby's carer during working hours.**

- 7.5.3 Where risks are being controlled in line with the regulations it is unlikely that women who continue to breastfeed will be exposed to risks which give rise to the need for them to be offered alternative work or given paid leave. If the Manager/Head Teacher has any doubt, they can contact the Corporate Health and Safety Team or Occupational Health service for advice.

8. Record Keeping

- 8.1 General and individual new and expectant mothers risk assessments must be retained by the Manager/Head Teacher for a minimum of 6 years.

Managers/Head Teachers must be mindful of the confidential/private nature of the information on the new and expectant mothers risk assessment form. At the end of pregnancy/breastfeeding, when the assessment is no longer required, the risk assessment form should be stored in the individuals personal file.

9. Monitoring and Review

- 9.1 Employers are required by law to review general workplace risks. The Manager/Head Teacher shall regularly monitor and review any risk assessment as circumstances may change, particularly at different stages of the pregnancy.

If the new or expectant or breastfeeding mother thinks they are exposed to a risk at work, the new and expectant mothers risk assessment must be reviewed by the Manager/Head Teacher, **taking into account any advice given by the employee's GP or midwife, Occupational Health service and Corporate Health and Safety Team.**

- 9.2 **This safety procedure must be reviewed by the Council's Corporate Health, Safety and Wellbeing Board within a period not greater than 24 months and where necessary, it will be revised as soon as practicable where changes in statute or industry best practice deem the content out of date.**

10. Approval of the Procedure

- 10.1 This safety procedure was reviewed by the Corporate Health, Safety and Wellbeing Board and **approved by the Council's Head of Organisational Resilience** on 10th November 2020. Any required variations from this safety procedure should be brought to the attention of the Council's Head of Organisational Resilience.

Approved by (print name):

Andrew Meek, Head of Organisational Resilience

Signature:



Date: 4th January 2021

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APPENDIX 1

NEW AND EXPECTANT MOTHERS RISK ASSESSMENT

Name of new/expectant mother:	Position:
Service/Dept:	Duties:
Name of Assessor:	Position:
Assessment date:	Review Date: Every 3 months
Employees Signature:	Managers/Head Teachers Signature:

This list is not exhaustive and other control options / solutions may be appropriate. Other risk factors may become apparent during the risk assessment process.

Hazards, Agents, Working Conditions	Applies Yes or No	Risk Information	Risk Control Options	Action to be taken by Manager/Head Teacher	By When
PHYSICAL RISKS - These are hazards that could increase the risk of miscarriage and / or injury to the new or expectant mother					
Movement or Posture		<p>The type of injury or ill health caused by movement or posture during and after pregnancy will depend on several factors, including:</p> <ul style="list-style-type: none"> • nature, duration and frequency of tasks or movements • pace, intensity and variety of the work • patterns of working time and rest breaks 	<p>Pregnant women should avoid long periods spent standing or sitting without the opportunity to exercise or move around to maintain healthy circulation. Provide opportunities for them to alternate between standing</p>		

	<ul style="list-style-type: none"> the working environment the suitability and adaptability of any work equipment involved <p>Postural problems can occur 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>Constant standing during the working day may lead to dizziness, faintness and fatigue. It can also contribute to an increased risk of premature birth and miscarriage.</p> <p>Pregnancy-specific changes present a relatively high risk of thrombosis or embolism particularly with constant sitting.</p> <p>In the later stages of pregnancy, women are more</p>	<p>and sitting. If this is not possible, provide adequate opportunities for breaks/task changes.</p> <p>Consider, where reasonably practicable and appropriate, adjusting workstations or work tasks, or using different work equipment to reduce the risks.</p>		
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		likely to experience backache, which can be intensified by remaining in a static position for long periods.			
Manual Handling		<p>New and expectant mothers are especially at risk from manual handling injury.</p> <p>Hormonal changes can affect the ligaments during pregnancy, increasing the risk of injury. The damage caused may not become clear until sometime after the birth. Postural problems may also increase as the pregnancy progresses.</p> <p>There are significant risks to those who have recently given birth. For example, after a caesarean the individual's moving and handling capability will be reduced.</p> <p>Breastfeeding mothers may also experience discomfort when manual handling.</p>	<p>Assess the manual handling activity and the specific needs of the individual and control risks by reducing the amount of physical work she has to do or providing her with aids to reduce the risks.</p> <p>It may be possible to alter the task to reduce the risks from manual handling for all workers including new or expectant mothers.</p>		
Shocks, Jolts or Vibration		Regular exposure to shocks, jolts, low frequency vibrations or excessive movement may increase the risk of a miscarriage.	Pregnant workers and those who have recently given birth are advised to avoid work likely to involve		

		<p>Long-term exposure to whole body vibration is not known to cause abnormalities to the unborn child. However, there may be an increased risk of premature birth or low birth weight.</p> <p>Breastfeeding workers are at no greater risk than other workers.</p>	<p>uncomfortable whole body vibration, especially at low frequencies, or where the abdomen would be exposed to shocks or jolts.</p>		
Noise		<p>If noise is an issue in the workplace, compliance with the requirements of the Noise at Work Regulations should be sufficient to meet the needs of new or expectant mothers. (See <i>the Council's Noise at Work Procedure</i> for further details.)</p>			
Ionising Radiation		<p>Significant exposure to ionising radiation can be harmful to an unborn child. As pregnancy can often go undetected for 4-6 weeks, normal work procedures must be designed to keep individual exposure as low as reasonably practicable.</p> <p>Compliance with the requirements of the Ionising Radiation Regulations should</p>			

		be sufficient to meet the needs of new or expectant mothers.			
BIOLOGICAL RISKS					
Biological Agents (Infectious Diseases)		<p>Biological agent is defined as a micro-organism, cell culture or human endoparasite which may cause infection, allergy, toxicity or otherwise create a hazard to human health. They can affect the mother and/or child. Some may be transmitted through the placenta while the child is in the womb and after birth through breastfeeding or through close physical contact between mother and child.</p> <p>Examples include Hepatitis B, HIV, herpes type infections, TB, syphilis, Rubella, toxoplasma, chicken pox, typhoid and COVID-19.</p> <p>For most workers the risk is not higher at work than from elsewhere, but in certain Occupations/activities exposure to infections is more likely for example laboratory work, nursery school, health care, looking after animals or</p>	<p>A risk from any infectious or contagious disease need only be assessed if the level of risk is higher than that normally encountered outside the workplace.</p> <p>When undertaking the New & Expectant Mothers Risk Assessment, refer to other relevant risk assessments and ensure the control measures in place will protect the individual. If in doubt consider the specific needs of the new or expectant mother and introduce control measures if appropriate.</p> <p>Control options may include physical containment,</p>		

		<p>when visiting animal contact farms.</p> <p>Workplace exposure to any biological agent that could endanger the health of pregnant women or their unborn child needs to be considered in risk assessments. The risk assessment should take into account the agent involved, how it is spread and how likely it is that an infection could be transmitted and what control measures are already in place.</p>	<p>additional hygiene and infection control measures or vaccination if exposure justifies this. If there is a known, or suspected, high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.</p> <p>Managers/Head Teachers should contact the Corporate Health and Safety Team, Occupational Health Service and/or HR Adviser for help and advice.</p>		
CHEMICAL RISKS					
Chemical Agents		<p>Chemical agents may enter the body through inhalation, ingestion, absorption through the skin or through cuts/wounds. Those known to affect new and expectant mothers include toxic chemicals, mercury, carbon</p>	<p>When undertaking the New and Expectant Mothers Risk Assessment, refer to other relevant risk assessments and ensure the control</p>		

		<p>monoxide, lead, pesticides and cytotoxic drugs. Some hazardous substances may cause heritable genetic damage.</p> <p>Exposure is more likely in certain occupations e.g. laboratory work, health care, horticulture, waste disposal, engineering/mechanics.</p> <p>Further measures will not usually be necessary to safeguard new or expectant mothers, as long as the risks to staff from hazardous substances used at work have been adequately addressed as per the Control of Substances Hazardous to Health (COSHH) Regulations. <i>(See the Council's Control of Substances Hazardous to Health Procedure for further details)</i></p> <p>The actual risk to health from chemical agents can only be determined following a risk assessment of a particular substance at the place of work – i.e. although a substance</p>	<p>measures in place will protect the individual. If in doubt consider the specific needs of the new or expectant mother and introduce control measures if appropriate. COSHH assessments should make specific reference to women who are pregnant, or who have recently given birth.</p> <p>Prevention of exposure must be the first priority. You should do this through substitution of harmful agents, if possible.</p> <p>If this is not possible, control measures should include good work planning and the use of Personal Protective Equipment (PPE). You should only use PPE for control purposes if all other methods have failed. You may also</p>		
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		may have the potential to endanger health or safety, there may be no risk in practice, e.g. if exposure is below a level which might cause harm.	use it as secondary protection in combination with other methods.		
WORKING CONDITIONS					
Facilities		<p>Resting facilities Rest, both physical and mental, is important for new and expectant mothers. Tiredness increases during and after pregnancy and may be made worse by work. Adequate and appropriate rest facilities should be available for new and expectant mothers.</p> <p>Hygiene facilities Without easy access to toilets and associated hygiene facilities at work due to distance, work processes or systems etc, there is an increased risk to the health and safety of expectant mothers, e.g. a significant risk of infection or kidney disease. Changes associated with pregnancy and breastfeeding often mean that women have to go to the toilet more</p>	<p>When undertaking the New and Expectant Mothers Risk Assessment consider the specific needs of the new or expectant mother and arrange access to appropriate rest facilities and breast feeding facilities if possible.</p> <p>The need for physical rest may require that the woman concerned has access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance, at appropriate intervals. Where possible, enable expectant and</p>		

		<p>frequently and more urgently than others.</p> <p>Breastfeeding Provide, as far as is reasonably practicable, access to appropriate facilities for breastfeeding mothers to express breast milk and safely store breast milk, or to enable infants to be breastfed at, or near, the workplace. This will facilitate new mothers breastfeeding and may significantly protect the health of both mother and infant.</p>	<p>nursing mothers to leave their workstation/activity at short notice more frequently than normal, or if that is not possible, making temporary adjustments to working conditions as specified in the Management of Health and Safety at Work Regulations.</p>		
Mental and Physical Fatigue		<p>Both mental and physical fatigue increase during pregnancy and in the postnatal period due to the various physiological and other changes taking place.</p> <p>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>Managers/Head Teachers should do what is reasonably practicable to facilitate physical rest e.g:</p> <ul style="list-style-type: none"> • seating • more frequent rest breaks • the use of a rest room with somewhere to lie down should be provided where necessary i.e. when requested by the doctor or 		

			midwife.		
			Access to clean drinking water should also be available.		
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.</p> <p>Some pregnant or breastfeeding women may not be able to work irregular or late shifts, night work or overtime because they suffer from increased tiredness levels. Working time arrangements (including provisions for rest breaks, and their frequency and timing) may affect the health of the pregnant woman and her unborn child, her recovery after childbirth, or her ability to breastfeed, and may increase</p>	<p>As a result of doing the New and Expectant Mothers Risk Assessment, it may be necessary to temporarily alter the individual's working hours, as well as other working conditions such as timing and frequency of rest breaks, changes in shift patterns and duration etc.</p> <p>With regard to night work, alternative day work should be organised for pregnant women on receipt of a medical certificate from their GP/midwife which states that night work is affecting the health and safety of the</p>		

		<p>the risks of stress and stress-related ill health.</p> <p>Changes in blood pressure that may occur during and after pregnancy and childbirth mean that normal patterns of work breaks may not be adequate for new or expectant mothers.</p>	<p>mother or her unborn child.</p> <p>Contact the Corporate Health and Safety Team, Occupational Health Service and/or HR Adviser for help and advice</p>		
Workplace Stress		<p>New and expectant mothers can be particularly vulnerable to workplace stressors because:</p> <ul style="list-style-type: none"> • hormonal, physiological and psychological changes occur, sometimes rapidly, during and after pregnancy affecting susceptibility to stress • financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy • it may be difficult to organise work and private life, especially with long, unpredictable or unsociable working hours or where other family responsibilities are involved. 	<p>Consider known stress factors within the individual's job (such as shift patterns, job insecurity, workloads, risk of violence, etc.) and the particular medical factors and anxieties affecting her, when completing the New and Expectant Mothers Risk assessment.</p> <p>Protective measures may include adjustments to working conditions or working hours, and ensuring that the</p>		

		<p>Additional stress may occur if a woman's anxiety about her pregnancy, or about its outcome (e.g. where there is a past history of miscarriage, stillbirth or other abnormality) is heightened as a result of peer group or other pressure in the workplace. This can lead to increased vulnerability to other workplace stressors.</p> <p>Some women may develop postnatal depression after childbirth, which could make them more vulnerable to stressors.</p>	<p>necessary understanding, support and recognition is available when the woman returns to work, whilst also respecting her privacy. Employees can also access free help and emotional support through the Council's Employee Assistance Programme – Wellbeing Support.</p>	
Passive Smoking		<p>Cigarette smoke is mutagenic and carcinogenic, and the effects of passive smoking in the early stages of pregnancy are well known, especially where the mother smokes, and are known to affect the heart and lungs and to pose a risk to infant health. Cigarette smoke can also aggravate conditions such as asthma.</p>	<p>New and expectant mothers should not be exposed to smoke-filled atmospheres whilst at work. The Council operates a no smoking policy (which includes vehicles used for work purposes) and it gives priority to the needs of non-smokers. Where it is not possible to protect an</p>	

			individual because they work out in the community (e.g. in a service user's home), wherever possible make provision so that they don't have to go into such an environment.		
Extremes of Work Temperature (cold or heat)		<p>Pregnant workers should not be exposed to hot environments for prolonged periods as there is a greater risk of them suffering from heat stress due to the pregnancy.</p> <p>Breastfeeding may also be impaired by heat dehydration.</p> <p>Working in extreme cold may also be a hazard for pregnant women and their unborn child. The risks will be higher where the temperature changes suddenly, e.g. where going from a cold environment to a hot one is required and vice versa.</p>	<p>Provide adequate rest and refreshment breaks and unrestricted access to drinking water. New and expectant mothers are encouraged to drink water before they get thirsty, preferably frequent, small volumes.</p> <p>Suitable clothing should be worn.</p>		
Lone Working		Any risks from lone working should have already been identified in general risk assessments. However, pregnant women are more	Assess the control measures already in place for lone workers. Any		

Health and Safety Procedure

HSP39 New and Expectant Mothers Procedure



		likely to need urgent medical attention if, for example, an incident occurs.	emergency procedures also need to take into account the needs of new and expectant mothers. If the need arose, would adequate help and support be available, or quickly contactable, for the new or expectant mother?		
Working at Heights		Pregnant women are at greater risk of falling from heights, and the consequences more severe if a fall occurs.	The New and Expectant Mothers Risk Assessment should consider the necessity for the individual to work at height (e.g. using stepladders, stepstools or platforms). Where possible, it should be avoided.		
Threat of Violence at Work		Sudden movement or shock, especially due to violence at work, during pregnancy, after recent birth or while breastfeeding may be harmful. It can lead to detachment of	The risk of violence should already have been considered in general risk assessments and measures put into place to reduce or		

		<p>the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed.</p>	<p>control the risks. In the New and Expectant Mothers Risk Assessment consider any further measures that may be needed to protect the individual e.g:</p> <ul style="list-style-type: none"> • adjusting work tasks to avoid lone working or working with those known to be potentially violent; more frequent contact with workers away from work base, etc. • Improving the design or layout of the workplace to reduce the risk of violent incidents e.g. in public access areas, interview rooms. <p>If the risk of violence in the existing job remains significant, consider offering the individual suitable</p>	
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			<p>alternative work on a temporary basis.</p> <p>Contact the Corporate Health and Safety Team, Occupational Health Service and/or HR Adviser for help and advice.</p>		
Work Equipment and Personal Protective Equipment (PPE)		<p>Work equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some existing work and protective equipment uncomfortable and, in some cases, unsuitable or even unsafe for use.</p>	<p>In the New and Expectant Mothers Risk Assessment take account of changes in risk as the pregnancy progresses and when a new mother returns to work.</p> <p>Wherever possible, any risk highlighted should be avoided by adaptations or substitution, e.g. providing suitable alternative clothing or equipment to allow the work to be conducted safely and without risk to health. If there is nothing suitable, consider suitable alternative</p>		

			work for the individual, on a temporary basis. Do not allow unsafe working.		
Meal Breaks		<p>The provision of adequate meal breaks and access to clean drinking water at regular intervals are essential to the health of new and expectant mothers.</p> <p>Pregnant women may need more frequent meal breaks and more frequent access to drinking water or other light refreshments. They may only be able to tolerate food 'little and often' rather than in larger quantities at 'normal' mealtimes. Their eating patterns and preferences may change, especially in early stages of pregnancy, not only in response to 'morning' sickness but also due to discomfort or other problems in the later stages of pregnancy.</p>	<p>Establish the particular needs around rest, meal and refreshment breaks. These needs may change as the pregnancy progresses. Take reasonable action to accommodate these needs.</p>		
Working with Display Screen Equipment (DSE)		Scientific evidence shows that pregnant women do not need to stop work with DSE.	It may be necessary to adjust the workstation as postural problems		

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		If pregnant women, or those planning to have children, are worried about working with DSE, they should speak to their medical practitioner or midwife.	can occur at different stages of pregnancy and on returning to work. Review the individuals DSE Workstation Assessment as necessary.		
PHYSIOLOGICAL RISKS - Certain physiological aspects of pregnancy need to be taken into consideration when deciding whether the work poses a particular risk to pregnant workers. These include:					
<u>Aspects of Pregnancy</u>	<u>Factors in Work</u>		Consider the physiological aspects of pregnancy in association with the other risks listed above when completing the New and Expectant Mother's Risk Assessment .		
Morning sickness, headaches	Early shift work Exposure to nauseating smells				
Backaches	Standing/manual handling/posture				
Varicose veins	Standing/sitting for long periods				
Haemorrhoids	Working in hot conditions				
Frequent visits to the toilet	Difficulty in leaving job/work site				
Increasing size	Use of protective clothing Work in confined areas Manual handling				
Tiredness	Overtime Evening work				
Balance					

<p>Comfort</p> <p>Dexterity, agility, co-ordination, speed of movement and reach</p> <p>There may also be other aspects of pregnancy that could affect the work. Their impact will vary, depending upon the job, and will change during the pregnancy. Keep their effects under review e.g. the posture of expectant mothers may change to cope with increasing size.</p>	<p>Problems working on slippery or wet surfaces Working at heights</p> <p>Problems working in tightly fitting work uniforms</p> <p>May be impaired because of increasing size during pregnancy</p>			
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EXAMPLE

APPENDIX 2

RISK ASSESSMENT ACTION FLOWCHART

This flowchart produced by the HSE outlines the action an employer must take.

