Health and Safety Guidance

New and Expectant Mothers at Work

This document is intended to clarify health and safety responsibilities and give guidance to those who are involved in managing staff who are pregnant or are breastfeeding.

The guidance comprises information on the main health and safety issues associated with staff pregnancy, the assessment of risks to the mother or child, the provision of rest facilities and a risk assessment action flowchart.

The University's Occupational Health Provider are able to advise Managers on individual cases or give confidential advice to members of staff, while the Health & Safety Department can provide advice on the nature of the hazards encountered in the workplace. Helpful guidance has been published by the Health and Safety Executive, “New and Expectant Mothers at Work” HS(G)122 (http://www.riskassessments.biz/guides/Booklets/pregnancy.pdf)
New and Expectant Mothers at Work

INTRODUCTION

Women who are pregnant or who have given birth within the last 6 months and are breastfeeding their babies are owed a special duty of care; the health and safety of new and expectant mothers at work is covered by the Management of Health and Safety at Work Regulations 1999. Whilst pregnancy should not be considered as ill health; some hazards in the workplace may present additional risks to new and expectant mothers or their children. Some simple additional precautions or minor changes to work patterns will normally be all that is required to provide the additional protection needed. The workplace should provide a safe and healthy environment for new mothers who are breastfeeding.

Further information is provided on the Health and Safety Executive’s website dedicated to new and expectant mothers; http://www.hse.gov.uk/mothers

Definition of “New and Expectant Mothers at Work”

The phrase “new or expectant mother” means a worker who is pregnant, who has given birth within the previous six months or who is breast-feeding. The legal definition of “Given birth” is defined in the regulations as; delivered a living child, or after 24 weeks of pregnancy, a stillborn child.

THE MAIN ISSUES

The main health and safety issues for expectant and new mothers that should be considered are:

- The additional risks from the work to the mother, the unborn child or recently born child;
- The additional protection needed to prevent those risks identified;
- Provision of some rest facilities for expectant mothers and for new mothers to express milk.

Health and Safety law requires that the employer address these issues. At the University of Sheffield the day-to-day duty lies with the appropriate Head of Department.

Pregnancy can be a very sensitive issue and some women may choose not to inform anyone of their pregnancy during the early stages. This has to be respected but once someone in authority (e.g. a Supervisor or Manager) has been informed action must be taken. Appendix 1 contains an overview of the risk assessment process.

ACTION TO TAKE WHEN NOTIFIED OF PREGNANCY

RISK ASSESSMENT

Once a member of staff has notified their Supervisor or Manager, in writing e.g. letter or email,
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that they are pregnant a specific risk assessment should be carried out. This should include: a review of the risk assessments of her work activities, a review of any PEEP that may already be in place, any medical advice received on the health of the employee and whether appropriate rest facilities are available. Appendix 3 contains a risk assessment pro-forma that can be used.

* Do I have to tell my employer that I am pregnant or that I am a new mother?
Whilst you do not have to inform your employer that you are pregnant or breastfeeding, it is important (for you and your child’s health and safety protection) that you provide them with written notification as early as possible. Until your employer has received written notification from you, they are not obliged to take any action other than those resulting from the risk assessment for all their employees.

Additional Hazards

The risk assessment should consider whether there are any hazards that present an additional risk to the unborn child, the mother or the child receiving breast milk. The risks to expectant mothers and the unborn child may be different to those faced by the breastfeeding mother and child.

In some cases there are specific well-identified hazards, e.g. from a particular micro-organism, from radiation or from a hazardous substance, alternatively the hazards may be of a more general nature e.g. heavy work, lifting or shift work. In the case of specific known hazards these should already have been identified in existing assessments and it should be a simple exercise of checking these assessments for any additional risks.

Appendix 2 contains advice on specific hazards for new or expectant mothers.

The HSE guidance booklet, “New and Expectant Mothers at Work” HS(G)122 provides a useful list of hazards to consider.

RISK MANAGEMENT

The risk assessment should indicate what action needs to be taken to eliminate or reduce any additional risk. This should be discussed with the individual concerned and if necessary with advice from the University’s Occupational Health Provider. Appendix 3 contains a Risk Assessment template which must be completed.

If the risk cannot be avoided altogether then the Head of Department will need to consider the following actions in consultation with Human Resources:

If there is a significant risk at work to the health and safety of a new or expectant mother, which goes beyond the level of risk found outside the workplace, then you must consider the following actions to remove her from the risk:

- Temporarily adjust her working conditions and/or hours of work. If it is not reasonable to do so and would not avoid the risk;
- Offer her suitable alternative work (at the same rate of pay) if available, or if that is not feasible you must:
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- Suspend her from work on paid leave for as long as necessary to protect her health and safety and that of her child.
PROVISION OF REST FACILITIES

The University has a legal duty to provide suitable facilities for pregnant workers or nursing mothers at work to rest, breastfeed or express milk. Due to the layout of the campus and the unpredictability of the demand for these facilities at any one time it is not feasible to provide a separate dedicated room in each building. The University aims to provide rooms in key buildings on campus where staff affected can rest, breastfeed or express milk in privacy. However, in the majority of buildings it should be possible to identify suitable provision and Heads of Department will have the responsibility for doing so (see below). For people with their own office there may not be a problem, for other staff, such as those working in a shared office or open plan, more planning will be required. It is always advisable to involve the member of staff concerned in finding an appropriate facility.

It is therefore advisable that the Head of Department plans ahead and identifies a room that could be used for this purpose. The room need not be exclusively used as a rest room and there may be other uses for such a room that would be compatible with its use as a rest facility (e.g. a first-aid room, a room for use by visitors or an interview room).

The Rest Facility

The room need not be made over exclusively for this purpose but the pregnant or breastfeeding mother should have first call on it. In the case of staff with their own office there may be no need for additional facilities. It may be possible to make a room available at certain times or to use a room that is temporarily unoccupied.

Any rooms made available for this purpose should be kept clean, should be able to afford privacy and should allow for the occupant to remain undisturbed (e.g. lockable door or sign). It should be as near to sanitary conveniences as possible and a chair should be provided.

Additional facilities when expressing milk

When expressing milk it is important to have a hygienic area that is kept clean.
APPENDIX 1

Risk Assessment action flowchart (extracted from HSE website)
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WORKING CONDITIONS

1. USE OF DISPLAY SCREEN EQUIPMENT

Posture
In the later stage of pregnancy, to take account of increased abdominal size, it is important that the member of staff regularly changes position to minimise potential postural problems.

This is not only concerned with upper body stresses, but also those to the lower body. In particular circulatory problems become more pronounced in the later stages of pregnancy and foot rests etc. become more important in ensuring good posture.

Aside from the advice regarding posture, there is nothing to suggest that working with DSE is harmful to a pregnant woman or her unborn child.

Control the Risk
A DSE assessment should be carried out, using the University's online training system, for all expectant mothers to help identify any postural or work station issues. The assessment should be reviewed at regular intervals as the pregnancy progresses.

Any member of staff who is concerned about working with DSE during pregnancy can seek advice from the University's Occupational Health Provider.

2. MANUAL HANDLING

Potential Risks
Pregnant workers may be at increased risk from manual handling injury, for example, hormonal changes can affect the ligaments, increasing susceptibility to injury, and postural problems may increase as the pregnancy progresses.

There can also be risks for those who have recently given birth, for example after a caesarean section there is likely to be a temporary limitation on lifting and handling capability.

There is no evidence to suggest that breastfeeding mothers are at greater risk from manual handling injury than any other workers.

Control of Risk
New and expectant mothers should take special care with regard to moving loads, boxes, equipment etc. and should not presume that they are capable of moving equipment "as normal". In such situations it is important that employees discuss this with their Supervisor/Manager, with a view to avoiding such aspects of their normal workload or, where this is not possible, reducing the extent of manual handling involved or to alter the way the task is done to minimise fatigue etc. This is particularly important from the 28th week of pregnancy onwards.

If there are any particular difficulties connected with manual handling advice can be sought from the University's Occupational Health provider.
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3. THERMAL COMFORT

Potential Risks
When pregnant, women tolerate heat less well and may more readily faint or be more liable to heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about.

Control of Risk
Consideration should be given to new or expectant mothers where their role involves working outdoors, with provision of suitable clothing, rest breaks or change of duties.

4. MOVEMENT AND WORKLOAD

Potential Risks
Expectant mothers are more prone to fatigue from standing for periods of time and other physical work.

Standing for long periods may lead to dizziness, faintness and fatigue. Conversely sitting for long periods carries the risk of backache, thrombosis or embolism. Backache may also be associated with prolonged work, poor working posture and excessive movement.

Excessive physical or mental pressure may cause stress and can give rise to anxiety and raised blood pressure.

Control of Risk
Expectant mothers should avoid long periods spent handling loads, or standing or sitting without regular gentle exercise or movement to maintain healthy circulation.

Provision should be made to alternate between standing and sitting. If this is not possible, longer or more frequent rest breaks will help to avoid or reduce fatigue.

To reduce the risk of physical or mental fatigue Supervisors/Managers should ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, there is some local control over how their work is organised.

5. IONISING RADIATION

Potential Risks
Exposure to ionising radiation can occur from the external radiation hazard (for example, from X or gamma rays) or internal contamination where ingested radionuclides can be transferred to the foetus.
Significant exposure to ionising radiation can be harmful to the foetus and this is recognised by placing a limit of 1 milliSievert on the external radiation dose to the foetus for the declared term of pregnancy. However, this dose is relatively high compared to the work carried out at the University and would only apply to any female member of staff who has been designated as a “classified radiation worker”.

Radiation workers, who are monitored with thermoluminescent dosemeters (TLDs) tend to have no exposure recorded above the TLD threshold reading and their effective dose is less than 1 mSv per annum.

External doses can easily be assessed but this becomes more difficult for internal exposures. Calculated dose coefficients (Sv/Bq) for the embryo, foetus and newborn child as a result of the intake of a select number of radionuclides by the mother have been calculated and can be used for the estimation of potential internal exposure. Generally internal doses are not an issue due to the relatively low radionuclide activities used at the University.

If a nursing mother works with unsealed radioactive liquids or dusts, exposure of the child is possible particularly through contamination of the mother’s skin and concentration in breast milk.

If an expectant or breastfeeding mother works in close proximity to controlled or supervised areas, but does not enter them, then there is no risk of radiation exposure to their baby from those areas.

**Control of Risk**

The main requirements for the radiation protection of persons resulting from work activities are set out in the Ionising Radiations Regulations 2017 (IRR 17), Approved Code of Practice for Work with Ionising Radiation, L121 (HSE Books), and the University Policy and Procedures for Work with Ionising Radiations.

When an employer of a female worker is notified that that worker is pregnant, then the workload for that member must be such that the dose limit to the foetus will not exceed 1 mSv for the remainder of the pregnancy. Work procedures must be reviewed to ensure that exposure of the pregnant woman is as low as reasonably practicable and certainly below the statutory dose limit for pregnant women.

Work areas where extra care needs to be taken to reduce your exposure to ionising radiations are ‘controlled’ areas. Some may be ‘supervised’ areas if the employer needs to keep these under review. All local rules applicable to these areas will give details of the key working instructions that must be followed in that area.

Work with unsealed radioisotopes such as phosphorous or calcium radionuclides present enhanced risk to the foetus; where intakes are reasonably foreseeable, the advice of the RPO/RPA should be obtained. If good working practices continue to be followed, work with ionising radiation should be able to continue as normal for the duration of the pregnancy. This
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will be assessed on a case by case basis.

Female workers returning from maternity leave and working with unsealed sources are advised to notify their DRPS or the RPO/RPA so a suitable assessment can be made of any further control measures that may be required.

Bearing in mind the psychological concerns a pregnant mother would inevitably feel during her pregnancy for the health of her child, it may be appropriate to either redeploy or change the working conditions such that exposure to any radiation is limited during her pregnancy. Another approach can be to avoid against any higher risk activities involving radioactivity.

Expectant or breastfeeding mothers must not assist in the cleanup of any significant radioactive spillages.

Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination and they should not be employed in work where the risk of such contamination is high.

Further information is available in the HSE document: INDG334 ‘Working safely with ionising radiation: guidelines for expectant or breastfeeding mothers’.

Any member of staff who is concerned about working with radiation can consult with the University’s Radiation Protection Officer.

6. NON-IONISING RADIATION

Potential Risks

Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the foetus or the mother. However, extreme over-exposure to radio-frequency (RF) radiation could cause harm by raising body temperature.

The embryo and foetus may be particularly sensitive to RF-induced heating since heat loss pathways that are available to adult mammals are denied to the foetus. Heat has been shown to be teratogenic in various animal species, including primates, and has been associated with miscarriages, as well as with central nervous system and facial defects in children whose mothers developed moderate to severe hyperthermia, especially during the first trimester of pregnancy.

Work with lasers and ultra violet (UV) equipment should not pose any additional risks to expectant mothers.

Control of Risk

Exposure to electric and magnetic fields should not exceed the restrictions on human exposure published by the International Commission on Non-Ionising Radiation Protection (ICNIRP) which have been adopted in the UK by Public Health England. If risks to expectant mothers from EMFs are identified appropriate action must be taken to eliminate, reduce or control the risks;
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they must be included and managed as part of the general workplace risk assessment.

Magnetic and Electric fields are capable of being measured and compared to the current guidelines published.

Any member of staff who is concerned can consult with the University’s Health and Safety Department.

7. NOISE

Potential Risks
There is no specific risk to pregnant or breastfeeding women from exposure to high noise levels, although as is the case with all people, prolonged exposure may cause stress. This can lead to raised blood pressure and tiredness.

Control of Risk
Compliance with the current requirements of the Noise at Work Regulations 2005 is considered sufficient to meet the needs of new or expectant mothers.

8. SHOCKS, VIBRATIONS or MOVEMENT

Potential Risks
Regular exposure to shocks, low frequency vibration or excessive movement may increase risk of miscarriage. Breastfeeding women are at no greater risk than other workers from this hazard.

Control of Risk
Pregnant women or those who have recently given birth should avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts (eg. riding in or driving off-road vehicles).
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CHEMICAL AND BIOLOGICAL AGENTS

9. CHEMICAL AGENTS

Potential Risks
Substances carrying the following Hazard Statements potentially pose a risk.

- H351: Suspected of causing cancer
- H350: May cause cancer
- H340: May cause genetic defects
- H350i: May cause cancer by inhalation
- H360: May damage fertility or the unborn child
- H361: Suspected of damaging fertility or the
- H362: May cause harm to breast fed children

The actual risk to health of these substances can only be determined following a Control of Substances Hazardous to Health (COSHH) risk assessment—eg. although the substances may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is below a level which might cause harm.

Control of Risk
Since these substances have the potential to cause heritable genetic damage or harm to the unborn child, the COSHH assessment in the case of women who are pregnant or who have recently given birth should address these risks.

The strategy for control of exposure to chemicals should be

- **Avoidance** – i.e. either getting someone else to work with material, or suspending its use until an appropriate time.
- **Substitution** – considering whether use of safer alternatives are possible.
- **Limitation of Exposure** – limiting extent of use but at the same time re-addressing control measures
  - engineering controls: fume cupboards, LEV or enclosures
  - personal protective equipment (PPE) included as a last resort: consideration of using a higher standard
10. BIOLOGICAL AGENTS

Potential Risks
Many biological agents categorised as hazard group 2, 3, 4 can affect the unborn child if the mother is infected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, for example, through breastfeeding or through close physical contact between mother and child.

Examples of agents where the child might be infected in one of these ways are hepatitis B, HIV (the AIDS virus), herpes, TB, syphilis, chickenpox and typhoid.

For most workers, the risk of infection is not higher at work than from living in the community; but in certain occupations, exposure to infections is more likely, for example, laboratory workers, health care, people looking after animals and dealing with animal products.

Some biological agents are, however, known to cause abortion of the foetus or physical and neurological damage, for example, rubella (German measles) and toxoplasma can harm the foetus, as can some other biological agents, for example, cytomegalovirus (an infection common in the community) and chlamydia in sheep. Again, the risks of infection are generally no higher for workers than others, except in those exposed occupations.

Where staff are likely to be exposed to such agents, this should be taken into account in risk assessments carried out under the Control of Substances Hazardous to Health Regulations (COSHH).

Control of Risk
Account must first be taken of:
- the nature of the biological agent
- how infection is spread
- how likely contact is
- what control measures there are.

The control measures may include:
- physical containment
- hygiene measures
- use of available vaccines (if exposure justifies this)

If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.
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CONSIDERATION OF SPECIFIC CHEMICAL / BIOLOGICAL AGENTS

11. LEAD AND ITS DERIVATIVES

Potential Risks
Exposure to high levels of lead during pregnancy can cause miscarriage and still birth. Other pregnancy problems such as low birth weight and premature delivery can also occur.

Foetal lead exposure can have an adverse effect on neurodevelopment, with an effect that may be most pronounced during the first trimester.

Lead can be transferred from the mother’s blood to breast milk, therefore, causing a potential risk to the newborn baby, if the mother was highly exposed before and during pregnancy.

Control of Risk
The Approved Code of Practice Control of Lead at Work sets out the current exposure limits for lead and the blood-lead suspension levels for workers whose exposure to lead is significant and subject to medical surveillance.

The exposure of pregnant and breastfeeding women to lead is specifically prohibited under Article 6 of the Directive (92/85/EEC) if the exposure might jeopardise safety or health.

A COSHH assessment should be carried out for all processes involving lead and its derivatives. If the assessment raises concern about significant exposure, then the Departmental Safety Officer should be contacted for further advice.

12. MERCURY AND ITS DERIVATIVES

Potential Risks
During pregnancy, mercury passes readily through the placenta. Organic mercury compounds could have adverse effects on the foetus. Animal studies and human observations have demonstrated that exposure to these forms of mercury during pregnancy can slow the growth of the unborn baby, disrupt the nervous system, and cause the mother to be poisoned but there is no clear evidence of adverse effects on developing foetus from mercury and inorganic mercury compounds.

Organic mercury can be transferred from the mother’s blood to breast milk, therefore, causing a potential risk to the newborn baby, if the mother was highly exposed before and during pregnancy.

Control of Risk
Preventing exposure must be your first priority. Where it is not possible to eliminate exposure, you can control it by a combination of technical measures, along with good work planning and housekeeping, 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 use it as a secondary protection in combination with other methods.
13. CYTOTOXIC DRUGS

**Potential Risks**
Exposure to cytotoxic drugs during pregnancy can result in abortion and birth defects. In the long term these drugs can cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation or through the skin.

**Control of Risk**
Exposure should be reduced to as low a level as is reasonably practicable and a COSHH assessment should look particularly at preparation of the drug for use, administration of the drug, and disposal of waste (chemical and human).

Those who are trying to conceive a child or are pregnant or breastfeeding should be fully informed of the reproductive hazard.

When preparing the drug solutions, minimise exposure by using protective garments (gloves, gowns and masks), equipment (flow hood), and good working practices. A pregnant worker preparing antineoplastic drug solutions should be transferred to another job.

14. CARBON MONOXIDE (CO)

**Potential Risks**
This is a chemical which readily crosses the placenta and can result in the foetus being starved of oxygen.

Acute CO poisoning during pregnancy is comparatively uncommon, yet can result in foetal death and functional alterations or anatomical malformations in survivors.

If a pregnant woman is exposed to dangerous levels of carbon monoxide, the birth weight of her baby may be decreased, and it is possible that the child may develop behavioral problems.

Both the level and duration of maternal exposure are important factors in the effect on the unborn child. There is no indication that breastfed babies suffer adverse effects from their mothers’ exposure to carbon monoxide, nor that mothers are significantly more sensitive to carbon monoxide after giving birth.

**Control of Risk**
A COSHH assessment should ensure that this gas is used under carefully controlled conditions and further advice is available in HSE Guidance Note EH43.
15. CHEMICAL AGENTS – ABSORBED, VIA THE SKIN

*Potential Risks*
A variety of chemicals can be absorbed directly through the skin and pose a risk of systemic toxicity. These substances are identified in the HSE’s EH40/2005 Workplace Exposure Limits document by the annotation ‘Sk’.

As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties.

*Control of Risk*
A COSHH assessment should address the control measures and in the light of someone indicating they are pregnant, the assessments should be revisited to ensure engineering controls and personal protective equipment (gloves, overalls, fire guards) are adequate. Given that skin absorption is the main risk, the adequacy of gloves in terms of permeability should be scrutinised.
APPENDIX 3
Risk Assessment Pro forma (to be completed in discussion with the employee and with reference to any existing risk assessments)

DEPARTMENT:  

NAME OF MOTHER/EXPECTANT MOTHER:  

Duration left of pregnancy at time of risk assessment.  

Review Date:  

Mother/expectant mother's signature:  

Supervisor/Manager or assessor's signature:  

**BIOLOGICAL HAZARDS** - Is expectant/new mother routinely exposed to biological agents (viruses, bacteria, animals etc.)?  

**YES** / **NO**  

Is expectant mother exposed to Biological agents known to cause abortion of the unborn child, or physical and neurological damage, such as Rubella, toxoplasma and cytomegalovirus.  

**YES** / **NO** (If 'YES' please give details)  

Are normal controls sufficient to protect mother or unborn/newborn child from any increased risk?  

**YES** / **NO** (If 'YES' please give details)  

If "no" give details of action to be taken to reduce or remove risk:  

**CHEMICAL HAZARDS** - Is expectant/new mother routinely exposed to hazardous chemical agents (toxins, mutagens, teratogens etc)?  

**YES** / **NO**  

If "yes" list any chemicals used that have the following associated risk phrases/hazard statements:  

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Risk Phrase</th>
<th>Hazard Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>R40:</td>
<td>possible risk or irreversible</td>
<td>H351: Suspected of causing cancer</td>
</tr>
<tr>
<td>R45:</td>
<td>may cause cancer</td>
<td>H350: May cause cancer</td>
</tr>
<tr>
<td>R46:</td>
<td>may cause heritable genetic damage</td>
<td>H340: May cause genetic defects</td>
</tr>
<tr>
<td>R49:</td>
<td>may cause cancer by inhalation</td>
<td>H350i: May cause cancer by inhalation</td>
</tr>
<tr>
<td>R61:</td>
<td>may cause harm to the unborn child</td>
<td>H360: May damage fertility or the unborn</td>
</tr>
<tr>
<td>R63:</td>
<td>possible risk of harm to the unborn child</td>
<td>H361: Suspected of damaging fertility or the unborn</td>
</tr>
<tr>
<td>R64:</td>
<td>may cause harm to breast-fed babies</td>
<td>H362: May cause harm to breast fed children</td>
</tr>
<tr>
<td>R68:</td>
<td>possible risk of irreversible effects</td>
<td></td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<td>------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Are normal controls sufficient to protect mother or unborn/newborn child from any increased risk?</td>
<td>YES/NO (If 'YES' please give details)</td>
<td></td>
</tr>
<tr>
<td>If &quot;no&quot; give details of action to be taken to reduce or remove risk:</td>
<td></td>
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<tr>
<td><strong>SHOCKS/VIBRATION/MOVEMENT HAZARDS</strong> – Does the expectant/new mother undertake activities which involve physical shocks, low frequency vibration or excessive movements?</td>
<td>YES/NO</td>
<td></td>
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<tr>
<td>If yes give details and action to be taken to reduce risk:</td>
<td></td>
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<tr>
<td><strong>NOISE</strong> – Does the expectant mother undertake activities where she is exposed to prolonged loud noise?</td>
<td>YES/NO</td>
<td></td>
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<tr>
<td>If yes give details and action to be taken to reduce risk:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RADIOLOGICAL HAZARDS</strong> - Is expectant/new mother a radiation worker?</td>
<td>YES/NO</td>
<td></td>
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<tr>
<td><em>If yes the local Radiation Protection Supervisor must be informed and advice sought regarding work</em></td>
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<td></td>
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<tr>
<td>If yes give details and action to be taken to reduce risk:</td>
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<td></td>
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<tr>
<td><strong>MANUAL HANDLING</strong> – Is the expectant mother involved in manual handling tasks? e.g. moving heavy/awkward loads</td>
<td>YES/NO</td>
<td></td>
</tr>
<tr>
<td>If yes give details and action to be taken to reduce risk:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ERGONOMICS</strong> - Are there any ergonomic issues that might cause increased risk to mother or unborn child? e.g. Repetitive movements, bending or awkward postures. Does their work involve prolonged periods of sitting or standing?</td>
<td>YES/NO</td>
<td></td>
</tr>
</tbody>
</table>
If yes give details and action to be taken to reduce risk:

| LONE/OUT OF HOURS/OFF-SITE WORKING – Does the expectant mother work alone/ outside of normal hours/off-site? In the later stages of pregnancy women are more likely to need urgent medical attention. | YES / NO |
| If yes give details and action to be taken to reduce risk: |

| DISPLAY SCREEN EQUIPMENT (DSE) – Is the expectant mother classified as a user? | YES / NO |
| If “YES” a DSE assessment should be conducted and reviewed regularly. |

| ADDITIONAL HAZARDS - Travelling in the course of work, working at height, working in extremes of temperature, wear PPE, stress/fatigue and emergency procedures- e.g. do they need assistance exiting the building? | Please give details and actions to be taken to reduce risk: |

**PLEASE NOTE**
This risk assessment should be held locally in a confidential personnel file in line with GDPR requirements and reviewed regularly. The employee should also keep a copy for their own use and reference.