



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

New and Expectant Mothers Risk Assessment Procedure

Document Author: Sarah Davies

Approved by: Health & Safety Committee

Approval Date: 4 October 2022 (TBC)

Review Date: October 2025

CONTENTS

- 1. Introduction**
- 2. Scope of procedure**
- 3. Aims and Objectives**
- 4. Responsibilities**
- 5. Definitions**
- 6. Risk Assessment**
- 7. Aspects of pregnancy that may affect work**
- 8. Risks to the new or expectant mother**
- 9. Pregnancy Risk Assessment Form**
- 10. References**
- 11. Related Policies**

1. Introduction

Pregnancy should be regarded as part of everyday life and therefore is not equated with ill-health. However, on occasion the workplace conditions and/or process may pose a hazard to the expectant, new or nursing mother and this may be compounded by pregnancy related health conditions. Those risks which may impact on any new or expectant mother may also impact on women of child bearing age and must be adequately reflected in the local workplace risk assessment.

The Equality Act 2010 provides protection to pregnant women and those on maternity leave against discrimination.

Regulation 16 of the Management of Health & Safety at Work Regulations 1999 (MHSW); states a requirement for risk assessment and adequate control of those risks where: -

- a. the persons working in an undertaking include women of child bearing age; and
- b. the work is of a kind which could involve risk, by reason of her condition, to the health and safety of a new or expectant mother, or to that of her baby, from any process or working conditions or physical, biological or chemical agents.

The management of Health and Safety at Work Regulations 1999 require employers to take particular account of risks to pregnant employees and those returning from Maternity Leave when assessing risks in work activity.

The regulations require employers to: -

- Proactively assess the risks to health and safety of the above groups of workers
- Ensure that such workers are not exposed to risks identified by the assessment

Take appropriate action if a risk remains, i.e. alter working hours/conditions of work of the alternative work, if this is not available grant paid leave for as long as necessary to ensure protection of the employee and the child's health and safety.

2. Scope of Procedure

These regulations apply to: -

- Pregnant Workers
- Those who have given birth within previous 6 months
- Those who are breast feeding
- Women of childbearing age

3. Aims and Objectives

To safeguard new and expectant mothers employed by Swansea Bay University Health Board from workplace hazards by undertaking early and regular risk assessments.

4. Responsibilities

Employers are required to carry out a risk assessment and evaluation of all of the significant hazards which may be faced by new or expected mothers within the work place.

Manager Responsibilities

It is the responsibility of the Departmental Manager to undertake the following actions:

- On receipt of written evidence that an employee is pregnant; has given birth within the previous six months (including a stillbirth after 24 weeks of pregnancy), or is breast-feeding, the employee's manager must undertake a written risk assessment.
- All female staff of child-bearing age must be given information about the risks that the work may present and which may affect pregnancy and health.
- Attempt to remove the hazard or prevent exposure to the risk(s). If the results of the risk assessment suggest that a substance or process of work could adversely affect the health of the new or expectant mother, or that of her unborn child then there is a legal requirement (Management of Health and Safety at Work Regulations 1999) to protect that worker.
- The assessment must take into account any potential adverse effects on the unborn child or the breast feeding child - not just upon the mother herself.
- The risk assessment needs to be regularly reviewed during the pregnancy, with informal discussions with the expectant mother and, if any changes are required, for these to be formally noted.
- If a pregnant employee's health changes or her work responsibilities alter, a new risk assessment must be performed. In any event, an assessment should be repeated at regular intervals throughout the pregnancy at times agreed between an employee and their line manager
- If the risk(s) remains significant then temporarily adjust an employee's working conditions and/or hours of work.
- If the above is not reasonable, or would not avoid the risk then a new or expectant mother must be offered suitable alternative work, if any is available.

The work must be suitable and appropriate for her to do in the circumstances and she must remain on terms or conditions no less favourable than before.

- If such work is not feasible a new or expectant mother would need to refrain from work, on paid leave, for as long as is necessary to protect her health or the health of her child.
- The new or expectant mother must be informed of the outcome of the risk assessment and any alterations to working practices or duties required.
- If a new mother continues to breast-feed after her maternity leave, she should inform her manager in writing that this is her wish and ideally before she returns to work. Under the Workplace (Health, Safety and Welfare) Regulations 1992 and supporting HSE guidance it is recommended that breast-feeding mothers are provided with somewhere private, (toilets are not deemed suitable) to express and store milk, although this is not a legal obligation, this is good practice for any employer. Should storage facilities be considered, expressed milk would need to be kept separately from fridges containing patient foodstuffs etc.
- The workplace should have a rest place provision for expectant and nursing mothers. Rest breaks must be considered; the frequency to be determined by the risk assessment. This is a legal obligation.
- If there is a concern about a new or expectant mother's health, or a potential pregnancy related disorder that cannot be resolved locally, they should be referred to Occupational Health via a Management referral route.
- Records of all assessments must be maintained, and all relevant persons informed.

Employee Responsibilities

It is the responsibility of the Employee to undertake the following actions:

- If they become pregnant to confirm this in writing to their line manager, as soon as is practicable, to ensure that a workplace risk assessment is undertaken.
- Must co-operate with any risk assessment deemed necessary and agree to any changes to their work that designed to protect their health and safety
- Discuss any health changes with their manager so that an updated risk assessment can be performed, possibly at an earlier interval than originally envisaged.
- A pregnant employee can, at any time, approach Occupational Health to discuss her health and/or concerns about the workplace whether or not a formal risk assessment has been undertaken.

- It is important that the new or expectant mother informs her employer about any advice they have had from their doctor or midwife (e.g. pregnancy-related medical conditions such as high blood pressure, a history of miscarriages etc.) as that could affect the risk assessment.

5. Definitions

New or expectant mother: an employee who is pregnant, or has given birth in the previous six months, or who is breast-feeding, or who has delivered a stillborn child after 24 weeks of pregnancy

Given Birth: Delivered a living child or, after 24 weeks of pregnancy, a stillborn child.

Child Bearing Age: A woman who is capable of having children.

Risk assessment: an assessment of the hazards at work and the risk they might pose to a new or expectant mother or her unborn child

Hazards: For the purpose of this policy, hazards to new and expectant mothers will be regarded as any physical, biological, chemical processes and psychological impact that may affect the safety of a new or expectant mother.

VDUs: Visual Display Units DSE – Display Screen Equipment

6. Risk Assessment

A line manager should review workplace risk assessments as soon as they become aware that a member of staff is pregnant, has given birth within the previous six months or is breastfeeding, so that risks can be evaluated to ascertain whether additional risks are present due to the change in circumstances.

Therefore, it is important that female employees inform their employers that they are pregnant, have given birth in the previous six months, or are breastfeeding. The notification should be given in writing as early as possible. Reference needs to be made to relevant HR policies and procedures concerning Maternity Leave.

7. Aspects of pregnancy that may affect work

Morning sickness	Early starts Exposure to nauseating smells, which could include cooking, chemicals, cleaning products.
Backache	Standing for long period Manual Handling Posture
Fainting	Working in hot conditions Getting up from seated position too quickly
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
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.
High/Low Blood Pressure	Physical jobs and tasks.

8. Risks to New or Expectant Mother

When evaluating possible increased risks, there are some common hazards that need to be considered, these include:

- The layout of workstations
- Manual handling
- Exposure to chemicals
- Working at height
- Stress and fatigue
- Exposure to infectious diseases
- Violence and aggression
- Night work

Physical Aspects of work

Risk	Description	Actions to reduce Risk
Exposure to shocks, vibration or excessive movement	Regular exposure to shocks, low frequency vibration (for example driving or riding or excessive movement) may increase the risk of miscarriage. Long term exposure to vibration does not cause foetal abnormalities but often occurs with heavy physical work, so there may be an increased risk of premature or low birth weight.	Avoidance of work involving such exposure, and work where abdomen could be subject to shocks or jolts
Exposure to high noise levels	Prolonged exposure to loud noise can lead to tiredness and increased blood pressure.	Exposure to loud noise is unlikely to be an issue in most settings, but managers should be aware of their obligations under the Control of Noise at Work Regulations 2005, if noise approaches/exceeds action levels.
Exposure to ionising radiation	Significant exposure to sources of ionising radiation can be harmful to the developing foetus. Direct skin contact with radioactive liquids or dusts, or inhalation, or ingestion of such can also lead to foetal harm.	Exposure should be kept to as low as is reasonably practicable, and definitely below the statutory limits for a pregnant woman. (Ionising Radiations Regulations 1999). 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. The working condition should be such as to make it unlikely that a pregnant woman might receive high accidental exposures to radioactive Contamination.
Exposure to non-ionising radiation	Optical radiation, including lasers: no greater risk to pregnant or breastfeeding mothers than other workers, if source is used correctly. Electromagnetic fields and waves: Not known to cause harm to foetus or mother.	The Medicines and Healthcare Regulatory Agency (2007) have recommended that a risk assessment is undertaken for pregnant employees working in MRI settings, and they recommend that such workers should not remain in the scanning room whilst scanning is underway, regardless of stage of pregnancy.
Exposure to extremes of temperature	Pregnant women are less able to tolerate heat, and may be more prone to faints, or heat stress. Dehydration	Rest breaks and access to liquid refreshments may help offset risks,

	(from heat) could impair the ability to breast-feed. Pregnant women are not at more risk than other workers in extreme cold, but all workers need to wear adequate levels of warm clothing.	though exposure to extreme heat is unlikely in a hospital setting.
Long periods of standing (>3 hours)	Pregnant employees should be informed about the generally consistent evidence suggesting that prolonged standing (>3 hours) carries no more than a small risk of preterm birth and low birth weight, intra-uterine growth retardation or small for gestational age. There is limited evidence that prolonged periods of standing does not increase the risk of pre-eclampsia (high blood pressure).	If employees stand for >3 hours/day, consideration should be given to reducing this or providing alternative work for that period of time, to reduce hours of standing to the minimum possible. Ensure that hours of work, volume and pace of work are not excessive. That, where possible, the employees themselves have some control over how their work is organised. Ensure that seating is available where appropriate and practical. Longer or more frequent breaks/change in task may be appropriate to help avoid fatigue. Adjusting workstations or work procedures may help remove postural problems and risk of accidents.
Working at Height	Pregnant workers may experience problems in working at height e.g. Ladders, platforms and working in tightly fitting workspaces or with workstations, which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, coordination, speed of movements, reach and balance may also be impaired, and an increased risk of accidents may need to be considered.	Avoidance of work involving such exposure.
Manual handling of loads	Pregnant workers are especially at risk from manual handling injury e.g. Hormonal changes can affect the ligaments, increasing susceptibility to injury and postural problems may be increased as the pregnancy progresses. There is generally consistent evidence suggesting that lifting carries no more than a moderate risk of preterm birth and low birth weight, but limited inconsistent evidence for the development of pre-	Employers should reduce lifting activities for pregnant workers where possible, particularly in late pregnancy. However, if a pregnant worker who has been informed of the possible risks wishes to continue then there are insufficient grounds upon which to impose restrictions against her will.

	eclampsia. However, there is insufficient, consistent, evidence to be able to set a specific level of physical exertion that might necessitate workplace adjustments.	
Heavy physical work	Heavy physical work can be associated with SGA /IUGR and low birth weight, but the risk is only moderate. There is no conclusive evidence for pre-term birth, or pre-eclampsia.	Managers should reduce very heavy physical activities for pregnant workers where possible (however, there is no set limit identified), particularly in late pregnancy. Nevertheless, tasks, which might require straining e.g. tensing abdominal muscles, becoming breathless, developing a faster heart rate than normal, or becoming sweaty during performance of activity, might be crude indicators of the 'heaviness' of work. However, if a pregnant worker who has been informed of the possible risks wishes to continue then there are insufficient grounds upon which to impose restrictions against her will.
Risk of physical violence	Changes in body shape may reduce a pregnant worker's ability to remove herself from a high risk situation, or give rise to feelings of heightened vulnerability. Trauma to the abdomen may have the potential for causing direct harm to the foetus. Pregnant workers may be at no greater risk of violence and aggression. However, the impact of violence and aggression on a new or expectant mother could be catastrophic to the mother and/or the baby.	Manager's should perform a risk assessment, and pregnant workers should avoid contact with individuals known to have a past history of violence to healthcare workers etc. and in other situations consider how a pregnant worker might extricate herself safely from potentially serious situations. Avoidance of lone-working. Careful consideration should go into changing the person's duties/role to remove the risk of violence and aggression.
Travel	Fatigue may be a limiting factor. Airlines may impose restriction on travel depending upon stage of pregnancy.	If business travel in a car is required, a fully adjustable seat-belt may be required in the later stages of pregnancy. A pregnant worker must still be able to perform an emergency stop safely, despite any changes to her body shape.
Hours of work	There is generally consistent evidence that suggests long working hours carry no more than small to moderate risk of preterm birth, and low birth weight / SGA, but there is limited, but	Managers should reduce long working hours for pregnant workers, particularly in late pregnancy. Where feasible, working hours should not exceed 40 per week. However, if a pregnant worker who has been informed of the possible

	inconsistent evidence for the development of pre-eclampsia.	risks wishes to continue then there are insufficient grounds upon which to impose restrictions against her will.
Shift work / Night work	There is insufficient evidence of risk to pregnant workers to restrict such work, bearing in mind the potential for 'long hours' of work described above.	No specific adjustments are usually required. However, if a pregnant worker has a certificate from a medical practitioner indicating that they should refrain from night work, the worker should be offered suitable, alternative day time duties. If this is not possible, they should be suspended from work on full pay for as long as necessary.

Biological Agents

Exposure to biological agents	Hepatitis B HIV (Aids virus) Herpes TB, Syphilis Chickenpox Typhoid Rubella Toxoplasma Cytomegalovirus- Many biological agents 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. Exposure to COVID-19 should also be considered.	Actions to take will depend on a risk assessment of the type of infectious diseases the pregnant worker is likely to encounter and the mode and ease of their transmission. In particular, pregnant worker should avoid exposure to patients/colleagues known to have, or suspected of having chickenpox or rubella. If COVID or another pandemic infection is ongoing reference should be made to national and local guidance. This may alter risk assessment outcome or indicate when/if a pregnant worker might need to refrain from work.
--------------------------------------	--	---

Chemicals

Exposure to mercury or its derivatives	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. IUGR can be a consequence of exposure to mercury.	Avoid exposure
Exposure to cytotoxic drugs	Potential for genetic damage to eggs. Some can cause cancer. Absorption is by inhalation or through the skin.	A safe level of exposure cannot be determined for these drugs, so you should avoid exposure or reduce it to as low a level as is reasonably practicable. When assessing the risk managers should look particularly at preparation of the drug for use (pharmacists and nurses), administration of the drug, and

		disposal of waste (chemical and human). All female employees of childbearing age should be fully informed of the reproductive hazard. A pregnant worker preparing anti-neoplastic drug solutions should be transferred to another job.
Chemical agents of known and dangerous percutaneous absorption (i.e. That may be absorbed through the skin)	The HSE guidance booklet EH40 Occupational exposure limits, updated annually, contains tables of inhalation exposure limits for certain hazardous substances. Some of these substances can also penetrate intact skin and become absorbed into the body, causing ill-health effects. These substances are marked 'Sk' in the tables. As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties. Absorption through the skin can result from localised contamination, for example from a splash on the skin or clothing, or in certain cases, from exposure to high atmospheric concentrations of vapour.	Take special precautions to prevent skin contact. Where possible, use engineering methods to control exposure in preference to personal protective equipment, such as gloves, overalls or face shields. For example, perhaps you could enclose the process or redesign it so that less spray is produced. Where you must use personal protective equipment (either alone or in combination with engineering methods), ensure that it is suitable.
Exposure to carbon monoxide	Risks arise when engines or appliances are operated in enclosed areas. Pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide (CO). CO readily crosses the placenta and can lead to foetal oxygen starvation. Smoking (active or passive) may also increase exposure to CO.	Hazard elimination e.g. changing processes/equipment is best option. Inform pregnant workers about the dangers of exposure to carbon monoxide during smoking. HSE's guidance note EH43: Carbon monoxide – gives practical advice on the risks of working with carbon monoxide and how to control them. It warns that pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide.
Exposure to lead or its derivatives	Lead exposure is associated with still-births, miscarriages, abortions and infertility	Exposure to lead is unlikely in hospital setting, but pregnant women will be suspended from such work by the HSE or Approved Doctor.
Exposure to substances with warning labels	R40 – H351 possible irreversible effects R45 – H350 carcinogenic R46 – may cause genetic damage R47 – may cause birth defects R61 – H360D/FD harm to unborn child	Exposure to these substances can only be managed through a proper risk assessment (COSHH). If a risk is identified then managers must try and

	R63 – H361d/H360Fd possible risk of harm to unborn child R64 – H362 may cause harm to breast fed infants	prevent exposure and this must be the first priority.
Exposure to anaesthetic gases		With normal usage and control measures there is no medical evidence for harmful effects.
Other Work Situations		
Work with display screen equipment	There is no medical evidence of a link between VDU work and birth abnormalities etc.	No restrictions are necessary. However, to avoid problems caused by poor posture, stress and anxiety, women who are pregnant or planning children and worried about working with VDUs/DSE should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice
Work which could give rise to occupational stress	New and expectant mothers may be particularly vulnerable to feelings of stress due internal and external factors. If they are very worried about their pregnancy e.g. because they have experienced a previous miscarriage, stillbirth etc. this may reduce their ability to cope with work pressures etc.	An individual stress risk assessment should be undertaken if a pregnant worker indicates that she is suffering from occupational stress. Adjustments to hours of work or working conditions etc. may need to be considered.

9. Returning from Maternity Leave

It should be recognised by managers that discussions that take place at this stage will include the need to safeguard the child up to the age of 6 years old as required by section 16 of the Management of Health and Safety Regulations 1999. Further information can be found at: [The Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](http://legislation.gov.uk)



10. Pregnancy Risk Assessment Form

Pregnancy Risk Assessment Form

Date of Assessment:				
Name of Employee:				
Address:				
DOB:		Employee Number:		
Post Title:		Department:		
Contact Number:		Email Address:		
Number of Weeks Gestation:				
Hazard	Yes	No	N/A	Comments and Control Measures
Exposure to shocks, vibration or excessive movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to high noise levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to ionising radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to non-ionising radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to extremes of temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long periods of standing (>3 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual handling of loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy physical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk of physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shift work / Night work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hazard	Yes	No	N/A	Comments and Control Measures		
Exposure to biological agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Exposure to mercury or its derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Exposure to cytotoxic drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical agents of known and dangerous percutaneous absorption (i.e. That may be absorbed through the skin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Exposure to carbon monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Exposure to lead or its derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Exposure to substances with warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Exposure to anaesthetic gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Work with display screen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Work which could give rise to occupational stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other Risks Identified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Risks Identified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referral to OH required?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of Assessor:						
Job Title:						
Signature of Assessor:						
Signature of Employee:						
Date:						
Date of next assessment:						

11. References

Equality Act, 2010. Available at: [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/154)

HSE (2022) Risk assessment for new and expectant mothers. Available at: [Protecting new and expectant mothers at work - Risk assessment \(hse.gov.uk\)](https://www.hse.gov.uk/protecting-new-and-expectant-mothers-at-work-risk-assessment)

HSE (2022) Protecting new and expectant mothers at work. Available at: [Protecting new and expectant mothers at work - Overview - HSE](https://www.hse.gov.uk/protecting-new-and-expectant-mothers-at-work-overview)

The Management of Health and Safety at Work Regulations, 1999. Available at: [The Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukreg/1999/163)

UK GOV (2022). Appendix A: Maternity risk assessment template for new or expectant mothers. Available at: [Maternity leave - APPENDIX A .pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/108444/Maternity_leave_-_APPENDIX_A_.pdf)

Workplace (Health, Safety and Welfare) Regulations 1992. Available at: [The Workplace \(Health, Safety and Welfare\) Regulations 1992 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukreg/1992/163)

12. Related Policies:

Maternity, Adoption, New Parent support and ordinary parental leave and pay-Guidance for Staff. Available at: [DRAFT DOCUMENT \(wales.nhs.uk\)](https://www.wales.nhs.uk)