

Policies, Procedures, Guidelines and Protocols

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1.0 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 childbearing 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 childbearing age; and
- B. the work is of a kind which could involve risk, by reason of their condition, to the health and safety of a new or expectant mother, or to that of the 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.

2.0 Purpose and Scope

The purpose of this procedure is to safeguard new and expectant mothers employed by the Shropshire Community Health Trust (SCHT) from workplace hazards by undertaking early and regular risk assessments.

3.0 Definitions

New or expectant mother: an employee who is pregnant, or has given birth in the previous six months, or who is breast-feeding.

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

Childbearing 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 the 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.

4.0 Roles and 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 workplace.

4.1 Chief Executive Officer

The Chief Executive has overall responsibility for the implementation of this procedure and associated policies to ensure a safe working environment with relevant reasonably practicable control measures applied to minimise any risks to new and expectant mothers.

4.2 Locality and Department Managers Responsibilities

It is the responsibility of all Locality and Department Managers 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.
- Managers they must complete **Appendix 19 Checklist for managers to discuss breastfeeding and expressing with employees in the Maternity, Adoption & Maternity Support (Paternity) Leave Policy** if their employees will be breastfeeding on their return to work.
- 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.
- Managers 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 the 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 themselves.
- 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 their work responsibilities alter, a new risk assessment must be performed. In any event, an assessment must 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 them to do in the circumstances, and they 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 their health or the health of the 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 their maternity leave, they must inform their manager in writing that this is their wish and ideally before they 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. Should storage facilities be considered, expressed milk would need to be labelled, kept separately in a staff fridge, away 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 must be referred to Occupational Health via a Management referral route.
- Records of all assessments must be maintained, and all relevant persons informed.

4.3 Employee Responsibilities

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

- If they become pregnant to confirm this to their line manager (verbally, followed in writing), 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 their 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 their 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.

5.0 Detail of the Procedural Document

5.1 Risk Assessment

A line manager must 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 employees inform their employers that they are pregnant, have given birth in the previous six months, or are breastfeeding. The notification must be given in writing as early as possible. Reference needs to be made to relevant Human Resources policies and procedures concerning Maternity Leave.

5.2 Aspects of pregnancy that may affect work



Morning Sickness	Early Starts Exposure to nauseating smells, which could include cooking, chemicals, cleaning products etc.
Backache	Standing for long periods of time. Manual handling. Posture.
Fainting	Working in warm 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 area of work.
Increasing size	Use of protective clothing. Working in confined areas. Manual handling.
Tiredness	Overtime. Shift work
Balance	Problems of working on slippery, wet surfaces. Working at heights if applicable.
Dexterity, agility and coordination, speed of movement and reach may be impaired because of increasing size.	Physical jobs and tasks.
High/low blood pressure	Physical jobs and tasks.

5.3 Risks to Expectant Mothers

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

Common Risks	
Posture and position	<p>Pregnant workers and new mothers could be more prone to injury, which may not become apparent until after birth. Postural problems can occur at different stages of pregnancy, and on returning to work, depending on the individual and their working conditions.</p> <p>Managers must make sure pregnant workers and new mothers are not:</p> <ul style="list-style-type: none"> • sitting or standing for long periods • lifting or carrying heavy loads • using a workstation that causes posture issues.
Working Conditions	<p>Long hours, shift work and night work can have a significant effect on the health of pregnant workers, new mothers and their children. They may also be particularly vulnerable to work-related stressors.</p> <p>Not all employees will be affected in the same way, but mental and physical fatigue generally increase during pregnancy and following birth. Managers must assess the risks posed by:</p> <ul style="list-style-type: none"> • work-related stress • temperature • noise
Risk of physical injury	<p>Some work carries the risk of physical injury, and the consequences for pregnant workers and new mothers can be more serious. Manager must check whether you need to provide extra control measures for staff, for example to protect them when:</p> <ul style="list-style-type: none"> • working at height • working alone • at risk of work-related violence • exposed to vibration
Exposure to harmful substances	<p>Many chemical and biological agents can cause harm to pregnant workers or new mothers. They can also be passed on to their child during pregnancy or breastfeeding.</p> <p>These could include:</p> <ul style="list-style-type: none"> • lead • radioactive material • toxic chemicals like mercury and pesticides • infectious diseases • antimitotic (cytotoxic) drugs
Medicines Management	<p>Some medicines used by Shropshire Community Health NHS Trust staff may be teratogenic, cytotoxic or cytostatic, as a result they may be viewed as a risk to pregnant, new expectant and or breast-feeding mothers. A list of medicines used is available from the Trust Medicine Management Team - Point of contact if people required guidance would be shropcom.medicines@nhs.net</p>
Chemicals – COSHH – Control of Substances Hazardous to Health	<p>Some chemicals are specifically toxic to the developing foetus. For low-risk chemicals, such as disinfectants regularly used by Domestic the risk is relatively low and usual control measures such as wearing gloves will be adequate.</p> <p>If more toxic substances are involved, consult the COSHH safety data sheet via your manager. If further guidance is required, consider seeking occupational health and safety guidance. (See Below)</p>
Carcinogens, Mutagens (CMR) and Substances Toxic to	<p>Mutagens are substances that cause heritable genetic changes (mutations). Most mutations are harmful, and most mutagens are carcinogens and vice versa. Substances that are known to impair fertility or to cause developmental toxicity in humans are defined as Toxic to Reproduction. (STR). This definition covers a broader range of health effects than the earlier "teratogenic" which applied only to substances that adversely affected the developing foetus.</p>

Reproduction (STRs)	<p>Mutagens and STRs are classified similarly to Carcinogens in Categories 1A, 1B and 2.</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">   </div> <div> <ul style="list-style-type: none"> ▪ Category 1A and 1B Mutagens carry the Hazard Statement H340 (previously R46) - "May cause genetic effects" and Category 1A and 1B STRs carry the Hazard Statement H360 (previously R60/R61) - "May damage the unborn child/impair fertility". ▪ Category 2 Mutagens have the Hazard Statement H360 (previously R68) - "Suspected of causing genetic defects" and Category 2 STRs are classified by H361 (previously R62/R63) - "Suspected of damaging fertility/the unborn child". </div> </div> <p>As with any other hazardous substance, a risk assessment must be carried out for the procedure involving the use of a CMR. The risk assessment must identify the means by which exposure can be prevented or if not reasonably practicably controlled.</p>
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5.4 The risk assessment

The Trust must already have assessed any potential risks to women of a childbearing age as part of their general risk assessment process.

Your Manager must then carry out a more specific [individual risk assessment](#) when you tell them you are pregnant, given birth in the last 6 months or breastfeeding.

5.5 Actions the Trust must take to protect you.

The Trust must reduce, remove or control any risk they identify that could harm you or your child during pregnancy and breastfeeding.

They must also let you know about any safety measures they have put in place so you can continue to work safely. They might discuss this with you directly or with your safety representative (if you have one).

You can find information about [common risks to pregnant workers or new mothers](#). These include:

- standing or sitting for long periods (including driving)
- long working hours
- work-related stress
- temperature
- noise

5.6 If a significant risk is identified to you or your child.

If a risk is identified that could cause harm to you or your child, the Trust must firstly decide if they can [control it](#). If the risk cannot be controlled or removed, they must adjust your working conditions or hours.

If that is not possible: you must be offered suitable alternative work on the same terms and conditions, including pay. If that is not possible: the Trust must suspend you on full pay for as long as necessary to protect you and your child.

5.7 Reviewing any changes.

Your manager must review and update your individual risk assessment:

- as your pregnancy progresses, or
- if there are any changes to your work or your workplace

Regular discussions with your manager (and safety representative if you have one) are important. This is because the risk of harm to you and your unborn child may increase at different stages of your pregnancy.

As the pregnancy progresses, it may affect your:

- dexterity
- agility
- coordination
- speed of movement
- reach

5.8 Raising your own safety concerns.

New and Expectant Mothers are entitled to [raise any concerns](#) about your health and safety at work, and that of your child, with your employer and they are required to assess it. The Trust is responsible for workplace safety, but you also have responsibility for your own safety. If staff have raised safety concerns and believe your employer has failed to take appropriate action, you can:

- Ask them to look at the issue again.
- Speak to a trade union or safety representative if you have one.
- Speak to the Trust Health and Safety Team – Health and Safety Manager / Health and Safety Advisor.

6.0 Implementation Plan

This procedure will be available on the Trust Intranet and will be the responsibility of Unit and Department managers to ensure all their staff have read and understood the content. A signature to that effect will be required from all staff.

7.0 Training and Dissemination

The Trust recognises that training of staff is fundamental to the effective operation of this procedure. All staff will be given training commensurate with their role(s) together with regular refresher training in accordance with the Trust's Organisational Training Needs Analysis (TNA).

8.0 Monitoring / Audit

The monitoring and implementation of the document will be through the Health and Safety Working Group and Health and Safety Committee.

9.0 Review Date

This document will be reviewed every 3 years, as a minimum, or before as a result of any changes in either the level of risk, legislation, or Healthcare Facilities guidance.

10.0 References

Management of Health and Safety at Work Regulations
Maternity, Adoption & Maternity Support (Paternity) Leave Policy
Employment Rights Act 1996
Control of Noise at Work Regulations 2005
Equality Act 2010
Control of Electromagnetic Fields at Work (CEMFAW) Regulations 2016 a
Ionising Radiations Regulations 2017 (IRR17)
[indg373 - A guide for new and expectant mothers who work \(www.nhs.uk\)](http://www.nhs.uk)
[Protecting pregnant workers and new mothers - HSE](#)
[Protecting pregnant workers and new mothers - Risk assessment \(hse.gov.uk\)](http://hse.gov.uk)

Appendix 1

Risk Assessment Template for New and Expectant Mothers

It is really important to us that all our staff are safe at work and have the right help and support they require for their personal health and wellbeing. We want staff and managers to work together in completing this assessment to identify any actions required to keep our staff safe and ensure we respond to your personal needs.

This document is designed to support line managers and staff to hold a thorough, sensitive, and comprehensive conversation for our staff who because of their status as a new or expectant mother may be at increased and/or higher risk. In addition, this form aims to support managers with assessing any risks identified and making adjustments.

Individual Assessment			
Date of Assessment:		Review date:	Please review <i>monthly until end of 2nd trimester, then 2 - 4 weekly as needed.</i>
Colleague's Name(s):		Normal Job Title: Job Title if redeployed:	
Normal Line manager		Normal Manager's job title	
Current Line Manager (If redeployed)		Current Line Managers title (If redeployed)	
Current Location / Ward / Area:		Working hours:	
Are you:	Employed (Temporary or Permanent)	Bank	Agency

Are you:	Pregnant	Breastfeeding			
Age					
Ethnicity			Any known Disability		
Are there any underlying health conditions that we need to be aware of: e.g. Diabetes's/ Heart problem/Respiratory problems/Obesity If so, please outline.		✓	Current post involves:	<i>Please tick appropriate box:</i>	✓
				Providing a service but not directly in the care setting (e.g. training, admin)	
				Do you have any other roles that could impact on this risk assessment such as carrying out bank shifts in a different area or for a different employer	

Agents/Working Conditions:	Risk Identified:	Discussion Points:	Identified actions to reduce risk (mitigation) (Document who will complete these actions and by when):
Physical Agents	Manual handling of clients, equipment and loads.	<ul style="list-style-type: none"> Check manual handling training up to date. Colleagues to support if any risk involved 	

	(Increased risk of ligament injuries due to hormonal changes)	<ul style="list-style-type: none"> • Use of hoists and other moving/handling equipment to manoeuvre clients safely. • Review individual as pregnancy advances or if any changes in health 	
	Shift work	<ul style="list-style-type: none"> • Discuss shift pattern with employee • Allow for flexibility • Consider early side effects of pregnancy i.e.. morning sickness • Consider fatigue in later stages of pregnancy 	
	Violent or confused client or member of the public	<ul style="list-style-type: none"> • Avoid confrontation • Get assistance as soon as possible • Education and training as appropriate • Report incident to manager • Assess level of risk from clients in workplace 	
	General psychological and physical fatigue	<ul style="list-style-type: none"> • Avoid excessive working hours • Encourage good time management • Have more frequent breaks • Workstation & chair adjustable to reduce postural problems – Complete DSE Risk Assessment • Discuss working hours with employee • Easy access to sanitary facilities 	

		<ul style="list-style-type: none"> • Should have the facility to lie down 	
	Breastfeeding	<ul style="list-style-type: none"> • Consider reduced working hours • Provide privacy for employee to express milk • Consider storage facilities for expressed milk 	
Biological Agents	Contact with Hepatitis B & C virus, HIV, Rubella, Chickenpox, TB etc	<ul style="list-style-type: none"> • Check immunisations up to date • Advance knowledge of potential infection risks 	
		<ul style="list-style-type: none"> • Avoid contact with chickenpox/shingles between weeks 13-20 of pregnancy • Ensure good working practices • Ensure competency in good hygiene and infection control measures 	
Chemical Agents	Contact with chemicals within the Workplace	<ul style="list-style-type: none"> • Check COSHH assessments • Ensure safe working practices 	
	Passive Smoking	<ul style="list-style-type: none"> • Ensure a smoke free environment • Ensure smoke free rest facilities 	

Assessment Agreement		
Please tick appropriate box:	✓	Monitoring / further action:
We both agree on the actions discussed to help to reduce the risks		Date agreed to review action
The actions agreed do not fully reduce the risks to the staff member/ some concerns remain so we need to seek further support (e.g. Occupational Health)		
Our next review date is: <i>(monthly until end of 2nd trimester, then 2 - 4 weekly as needed)</i>		
Additional notes		
Please add any additional notes as appropriate		

Line Managers should identify any existing underlying health conditions or risk factors that increase the risk for the staff member in undertaking the role identified. The conversation should be revisited regularly - monthly until end of 2nd trimester, then 2 - 4 weekly as needed (especially if any circumstances change for the individual staff member, their role or place of work). It is important that all conversations regarding this assessment fully consider staff member feelings re: safety and mental health and wellbeing. Where required/ identified managers will seek occupational health, Risk, IPC and/or HR advice (or any other department) as relevant.

Individual's signature		Date signed	
Print Name			
Line Manager's signature.		Manager's Job Title	
Print Name			

I understand that a copy of this form will be held on my personal file for my line manager to refer to, and I will be provided with a copy for my reference. Occasionally the HR team may request a copy of a risk assessment for audit or quality purposes.

I consent to the sharing of:

- some of the information or actions with specialist colleagues from HR, Occupational Health and Manual Handling (for example) to help find the right solutions for me; and*
- any actions required with the Human Resources Team, for the purposes of recording that the assessment has been completed and to enable the Human Resources Team to identify any themes in the concerns raised or actions taken.*
- summarised or themed information with system HR colleagues in order to understand a system-wide picture.*

Individual's signature		Date signed	
Print Name			