

# **1. New And Expectant Mothers At Work**

## **A GUIDE TO RISK ASSESSMENTS**

### **1.1. Introduction**

It is important to bear in mind that pregnancy is not an illness! It should be regarded as part of everyday life and its health and safety implications can be adequately addressed by sound management procedures that will ensure that the workplace does not pose any potential health risks to the mother and unborn child. With a logical approach the vast majority of pregnant women will be able to continue in their present area and there needs to be an expectation that only minor adjustments to activity or the working environment should be necessary.

### **1.2. Legal Requirements**

The law requires you to assess risks to all your employees, including new and expectant mothers and to do what is reasonably practicable to control those risks.

### **1.3. What You Need To Do**

Don't panic! Much of the risk assessments require basic common sense and knowledge of your working area. This guidance informs you of some of the known risk with regard to processes that may affect the working conditions of new and expectant mothers and gives advice on what you need to do. Please remember – if you are in any doubt, contact the Risk Management Advisory Service.

### **1.4. Keep Employees Informed**

You should tell female employees of the potential risks if they are or could in the future be pregnant. You should also explain what you will do to ensure that they are not exposed to any risks.

The employee herself must retain some responsibility for the tasks she is performing and declare what she feels capable of doing. A negotiated approach to this must be encouraged as no manager can legislate for the needs of an individual pregnant worker. Communication channels must be open and a pragmatic approach should prevent the vast majority of difficulties. It is highly unlikely that any pregnancy will be adversely effected by a work environment where good health and safety practices and normal precautions are already in place.

### **1.5. Avoid The Risk**

If you have identified a significant risk to the health and safety of a new or expectant mother, you should as a first option in all cases consider removing the hazard or seek to prevent exposure to the risk.

## **1.6. If The Risk Remains**

If it is not possible to remove the risk associated with the hazard you must take the following steps to remove her from the risk.

- Step 1: Temporarily adjust her working conditions and/or hours of work; or if it is not reasonable to do so, or would not avoid the risk →
- Step 2: Offer her suitable alternative work if any is available; or if that is not feasible, you must →
- Step 3: Suspend her from work on paid leave for as long as necessary to protect her safety or health or that of her child.
- Step 4: These actions are only necessary where as the result of a risk assessment there is genuine concern: if there is any doubt, you may want to seek professional advice on what the risks are and whether they arise from work before offering alternative employment or paid leave.

## **1.7. Review The Situation**

You will need to keep your risk assessments for new or expectant mothers under review. Although any hazards are likely to remain constant, the possibility of damage to the unborn child as a result of a hazard will vary at different stages of pregnancy. You need to ensure that workers who are breastfeeding are not exposed to risks that could damage health or safety for as long as they continue to breastfeed.

Some examples are listed of the hazards and risk that may affect employees and ways to avoid them.

## 1.8. Hazards, Risks And How To Avoid Them

<u>Agents/Working Conditions</u>	<u>Risk</u>	<u>How to Avoid</u>
<b><u>PHYSICAL</u></b>		
<u>Movement and postures mental and physical fatigue</u>	Fatigue from standing or physical work may contribute to miscarriage premature birth or low birth weight.	Ensure hours and volume of work are not excessive and that employees have some control over organisation of work.
<u>Manual Handling</u>	Lifting and handling: postural problems for pregnant workers and after caesarean section.	Reduce manual handling/physical work. Provide aids – contact Moving and Handling Advisor Ext. 54645.
<u>Noise</u>	No specific risk but prolonged exposure to loud noise may cause increased blood pressure/tiredness.	Noise at Work Regulation 1989 should be sufficient to meet needs.
<u>Radiation</u>	Significant exposure to ionising radiation can be harmful to the foetus. There may be a risk to the foetus from radioactive contamination breathed in or ingested by the mother and transferred via the placenta.	Work procedures should be designed to keep exposure as low as reasonably practicable and certainly below statutory limit for pregnant women. Nursing mothers should not be employed in areas of high risk of contamination. Working conditions should make it unlikely that a pregnant woman might receive high accidental exposure to radioactive contamination. Contact Penelope Wade, Radiation Protection Adviser – Ext. 53811.
<u>Electromagnetic</u>	Exposure is not known to cause harm to the foetus or mother. Extreme over exposure to radio-frequency radiation may raise body temperature.	Exposure should not exceed restrictions published by National Radiological Protection. Contact Penny Wade. Ext. 53811
<u>Extremes of hot/cold</u>	Pregnant women tolerate heat less well and may more readily faint or be more liable to heat stress. Breastfeeding may be impaired by heat dehydration. No specific problems arise from working in extreme cold but for general health and safety reasons warm clothing should be provided.	Pregnant workers should take care when exposed to prolonged heat. Rest facilities and access to refreshments may assist.
<u>Hyperbaric atmosphere</u>	Compressed air – People who work in compressed air are at risk of developing the bends. Potentially the foetus could be seriously harmed by gas bubbles.	Pregnant workers should not work in compressed air.

	<u>Agents/Working Conditions</u>	<u>Risk</u>	<u>How to Avoid</u>
<b><u>BIOLOGICAL</u></b>	<u>Any biological agent belonging to the hazard groups 2,3 and 4</u>	Many biological agents can affect the unborn child if the mother is affected during pregnancy. Agents such as Rubella, Toxoplasma, Hepatitis B, H.I.V., Herpes, T.B., Syphilis, Chickenpox and Typhoid. In certain occupations exposure to infection is more likely eg. clinical and laboratory workers	Risk assessment should take account of the nature of the substance, how infection is spread how likely contact is and what control measures there are. If there is a known risk of exposure it is appropriate for the pregnant worker to avoid exposure.  Contact Risk Management Advisory Service for further guidance Ext. 54645
<b><u>CHEMICAL</u></b>	<u>About 200 substances labelled as follows:-</u>  R40 – possible risk of irreversible effects. R45 – may cause cancer. R46 – may cause genetic damage. R61 – may cause harm to the unborn child. R63 – possible risk of harm to the unborn child.  R64 – may cause harm to breastfed babies.	Although the substances may have the potential to endanger health and safety there may be no risk in practice eg. If exposure is below a level which might cause harm.	For work with hazardous substances, employers are required to assess the health risk to workers arising from such work and where appropriate prevent or control the risks.  Contact Risk Management Advisory Service for further guidance Ext. 54645.
	<u>Mercury and Mercury derivatives</u>	Organic mercury compounds have adverse effects on the foetus. Exposure can slow the growth of the unborn baby, disrupt the nervous system and cause the mother to be poisoned.	Specific guidance leaflets EH17 and MS12 give practical guidance on the risk of working with mercury and how to control them.  Contact Risk Management Advisory Service.
	<u>Exposure to anaesthetic gases</u>	Potentially harmful to reproductive activity.	Avoid exposure. Ensure adequate ventilation of theatre areas. Check equipment regularly.
	<u>Antimitotic (Cytotoxic) drugs</u>	In long term can cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation or through the skin.	There is no known threshold limit and exposure must be reduced to as low a level as is reasonably practicable. Assessment should include preparation of the drug (pharmacists, nurses) administration of the drug, and disposal of waste (chemical and human)  Those who are trying to conceive a child or who are pregnant/ breastfeeding should be fully informed of the reproductive hazard
<b><u>ENVIRONMENTAL</u></b>	Work with Display Screen Equipment V.D.U.s	Anxieties about radiation emission from equipment and possible effects on pregnant women are unfounded.	Give employees opportunity to discuss concerns and avoid stress and anxiety

**Others aspects of Pregnancy to consider which may affect work**

(The impact will vary during pregnancy and you will want to keep their effects under review)

<u>Aspects of Pregnancy</u>	<u>Factors</u>
Morning sickness	Early shift work Exposure to nauseating smells
Backache Varicose veins Haemorrhoids Frequent visits to toilet	Standing/manual handling/posture Standing/Sitting Working in hot conditions Difficulty in leaving site of work Increasing size Use of protective clothing Work in confined areas Manual handling
Tiredness	Overtime Evening work
Balance Comfort */agility/co-ordinating speed	Slippery wet surface Tightly fitted workspaces  May be improved because of increasing size.

**RCN Publication that is available: Hazards for Pregnant Nurses: An A-Z Guide**