

New and Expectant Mothers Guidance

Definition

A new or expectant mother is a worker who is pregnant, who has given birth within the previous 6 months or who is breastfeeding. 'Given birth' is defined by the HSE as '*Given birth*' is described in the *Management of Health and Safety at Work Regulations 1999 (the Management Regulations)* as having '*delivered a living child or, after 24 weeks of pregnancy, a stillborn child*'.

Standards

You must ensure that workers who are, or in the future could be, a new or expectant mother, are not exposed to significant risk.

If your risk assessment shows that there is a risk, all female workers of childbearing age should be told about potential risks if they are, or could in the future be, pregnant or breastfeeding.

Specific risk assessments do not need to be carried out. However, a review of the current job risk assessment with the pregnant or breast feeding worker will identify what hazards will require further controls to make them safe.

If a significant risk is identified, steps must be taken to reduce the risk. If you cannot remove the risk you need to take further precautions.

Risk assessments for pregnant workers must be reviewed on a regular basis. See the example Pregnancy Monitoring Form on Page 7. You must keep the information confidential.

Facilities for pregnant or breastfeeding workers to rest must be provided and you will aim to provide a healthy and safe environment for nursing mothers to express and store breast milk securely.

Considerations

When reviewing the workers risk assessment it should already identify work hazards. The notes below give information on their effects on a pregnant or breast feeding employee.

Physical Agents

Shock and Vibration

Regular exposure to shocks, jolts, low frequency vibration, or excessive movement, may increase the risk of a miscarriage. Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration or where the abdomen is exposed to shocks or jolts. Equipment giving rise to these risks should be regularly serviced.

Long-term exposure to whole body vibration does not cause foetal abnormalities, however it could increase the risk of prematurity or low birth weight. Breastfeeding workers are at no greater risk than other workers.

Posture and Manual Handling

Pregnant workers are especially at risk from musculoskeletal problems, for example manual handling injury when hormone changes can affect the ligaments, increasing susceptibility to injury and postural problems, these may increase as the pregnancy progresses. Heavy physical work may increase the risk of prematurity or low birth weight.

For new mothers there may also be increased risk from manual handling activities and/or reduced capacity to undertake manual handling activities. For those handling loads who have given birth within the last 3 months; 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 workers are at greater risk from manual handling injury than any other workers, but they may feel more uncomfortable.

Where there is a risk of discomfort or injury the risk assessment will help to determine what additional adjustments to the work environment and tasks can be made.

Sitting

There is a higher risk of blood clots in pregnancy. The risk at work can be increased by, prolonged static postures in confined spaces. The risk can be reduced by regularly changing posture and walking around. In the later stages of pregnancy workers may experience backache which can be intensified by sitting in one position for a long time. A pregnant worker may need to alter the way they work or require more workspace as the pregnancy progresses.

Standing

Continuous standing during work can lead to dizziness, faintness and fatigue. It can also contribute to an increased risk of premature childbirth or miscarriage.

Noise

Loud noise appears not to be a specific risk to new or expectant mothers or to the foetus, but prolonged exposure may lead to increased blood pressure and tiredness. Compliance with the Noise at Work Regulations should be sufficient to meet the needs of new or expectant mothers.

Extremes of Heat

Some workers tolerate heat less well when pregnant, consequently they may be more susceptible to fainting or heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about. Pregnant workers should take great care when exposed to prolonged heat at work, eg in kitchens, to drink plenty of fluids. Breastfeeding may be impaired by heat dehydration.

No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.

Work Environment

Workstations

Pregnant workers may experience problems working in tightly fitting workspaces or bench spaces and 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 movement, reach and balance may also be impaired, and an increased risk of accidents may need to be considered. Adjusting workstations or work procedures may help remove postural problems and risk of accidents.

Display Screen Equipment (DSE)

There has been considerable public concern about reports of higher levels of miscarriage and birth defects among some groups of DSE workers, in particular due to electromagnetic radiation. Many scientific studies have been carried out, but their results do not show any link between miscarriages or birth defects and working with DSE.

Occupational Stress

Hormonal, physiological and psychological changes that occur during and after pregnancy may affect the stress response. Some studies have shown stress to be associated with increased incidence of miscarriage and impaired ability to breastfeed. Workers who have suffered loss of a child (pre and postnatal), serious illness and trauma will be more vulnerable to stress in a work environment which is not sympathetic and supportive.

Managers should be aware that some workers develop postnatal depression which can make them more vulnerable to stressors.

Shift patterns, job insecurity, and excessive workloads may increase feelings of pressure and vulnerability. Adjustments to working conditions or hours, provision of support and recognition when the worker returns to work will help to reduce the risk of problems.

Mental and physical fatigue and working hours

Long working hours, shift work and night work can have a significant effect on breastfeeding and the health of new and expectant mothers. Both mental and physical fatigue increases during pregnancy and in the postnatal period due to physiological and other changes.

Changes in blood pressure may occur during and after pregnancy. Normal patterns of work and work breaks may no longer be suitable and may have to be adjusted. On receipt of a medical certificate stating that night work poses a risk to the health and safety of the worker alternative day work should be organised for that worker.

Passive smoking

The effects of passive smoking are known to affect the heart and lungs and to pose a risk to infant health. Cigarette smoke can also aggravate pre-existing conditions such as asthma.

Rest Facilities

Tiredness increases during and after pregnancy, and can require both physical and mental rest. The pregnant worker should have access to a place she can sit or lie down in private at appropriate intervals. Drinking water should be available.

Hygiene Facilities

Particularly in the later stages of pregnancy and due to increase in fluid intake when breastfeeding, pregnant workers may have to leave their workstation/activity at short notice and more frequently than normal. Temporary adjustments to work procedures may have to be implemented, especially when working offsite.

Storage facilities

Workers expressing breast milk need access to a secure, clean fridge in which to store the milk, work breaks at appropriate times and flexibility of start and/or finish times while they are breastfeeding.

Working alone

The need for medical attention might arise for pregnant workers. Procedures should be devised to address this, including access to communications.

Travel

Travel in the course of work and to or from the workplace may expose the pregnant worker to vibration, fatigue, discomfort, stress or accidents. Significant travelling between work premises may also be a cause of fatigue.

Work-related violence

This risk particularly relates to workers providing client services. Risks can be reduced by improving the layout of the workplace, avoiding lone working, reducing cash handling, maintaining contact during off site working, and provision of information and training for staff.

Inappropriate nutrition

Hormonal and physiological changes mean the new or expectant mother may need more frequent breaks for eating and drinking, lack of which can affect the health of the mother and baby.

Work at heights

Due to restricted agility and the increased consequences of falling it is hazardous for pregnant workers to work at heights, eg ladders, platforms, step-ups.

Biological Agents

As the following agents can affect the unborn foetus; exposure must be prevented. If the risk assessment shows there is a residual risk of accidental exposure, then the pregnant worker should be removed from the work.

- hazard groups 2, 3 and 4
- chlamydia
- toxoplasma
- rubella
- listeria.

Zoonosis

Those workers who are likely to encounter chlamydiosis, toxoplasmosis, listeriosis, salmonellosis and leptospirosis, should cover all cuts and other skin abrasions with waterproof dressings, wear protective gloves and protective clothing and wash hands before leaving the work area.

Chemicals

All chemical products are assigned a risk phrase which is usually marked on the label or instructions for use. Workers must not be exposed to substances bearing the following Risk Phrases:

- R40 limited evidence of a carcinogenic effect
- R45 may cause cancer
- R46 may cause heritable genetic damage
- R49 may cause cancer by inhalation
- R60 may impair fertility
- R61 may cause harm to the unborn child
- R62 possible risk of impaired fertility
- R63 possible risk of harm to the unborn child
- R64 may cause harm to breast-fed babies
- R68 possible risk of irreversible effects

However the following chemicals warrant a special mention:

Antimitotic (Cytotoxic) Drugs

Those who are trying to conceive a child or are pregnant or breastfeeding, should be fully informed of the reproductive hazard posed by these drugs and avoid contact where possible. In the long-term they can cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation or through the skin.

Chemicals of known and dangerous percutaneous absorption, including some pesticides

Prevent skin contact; where possible use engineered methods in preference to personal protective equipment or in combination. Consult www.hse.gov.uk/chip/phrases.htm#risk

Gaseous Anaesthetics

Exposure to gaseous anaesthetics, eg nitrous oxide, halothane, enflurane and isoflurane present a risk to pregnant workers. Where possible minimise time spent in environments where these gases are present, and note these gases are also exhaled during recovery.

Carbon Monoxide

Carbon monoxide readily crosses the placenta and there is evidence of adverse effects on the foetus. Both the level and duration of maternal exposure are important factors in the effect on the foetus. Pregnant workers have heightened susceptibility to the effects of exposure to carbon monoxide. There is no indication that breastfed babies suffer adverse effects from their mothers exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.

Lead

Exposure to low levels of lead, before the baby is born, is thought to affect the developing child. Exposure limits for lead are set lower for women of child bearing age in order to help protect the foetus from injury in the weeks before a pregnancy is confirmed. Lead can enter breast milk; consequently the exposure of breastfeeding mothers to lead should be viewed with concern.

Mercury

There is no clear evidence that exposure to mercury or inorganic mercury compounds has adverse effects on the developing foetus. However exposure to organic mercury compounds can slow the growth of the unborn baby and disrupt the nervous system. Organic mercury can be transferred from blood to milk, posing a risk to the newborn baby, where there has been significant maternal exposure.

Ionising Radiation (beta particles, gamma and X-rays)

The use of ionising radiation within University is strictly controlled so as to present minimal risk to all workers. However, pregnant workers should be especially careful to observe the fundamental principle of keeping exposure to ionising radiation to "as low as reasonably practicable". In particular, they should use the following control mechanisms: spend no longer than is necessary working in radiation areas, use adequate shielding and distance, as set out in the area local rules, to achieve this objective.

All persons working with radionuclides or X-rays (although the University currently only uses low risk X-ray producing equipment negating the need for routine dose monitoring) will have their exposure to ionising radiation routinely monitored. However, it is important to note that limits of exposure are lower for pregnant workers and additional control measures might need to be considered to ensure these limits are not exceeded. Similarly, additional control measures might be required for mothers who intend to continue breastfeeding when they return to work. It is important therefore, that the Radiation Protection Supervisor (in liaison with the Site Radiation Officer) is informed of the pregnancy at the earliest opportunity. Further

information can found by consulting the following guidelines,
www.hse.gov.uk/pubns/indg334.pdf

Non-Ionising Electromagnetic Radiation

Optical Radiation

Pregnant or breastfeeding mothers are at no greater risk than other workers.

Electromagnetic fields and waves, eg radio-frequency radiation

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 radiation could cause harm by raising body temperature.

Personal Protective Equipment

Different types eg, non-allergenic gloves, and larger sizes of personal protective equipment may need to be provided at later stages of the pregnancy

CONFIDENTIAL WHEN COMPLETE

Pregnancy Monitoring Form

Employee Name:	
Manager's Name (or person carrying out the review):	
Date Pregnancy Notified:	
Expected Date of Delivery:	
Date of this Review:	

Hazard	Action Taken	Monthly Review Date:	Monthly Review Date:	Monthly Review Date:	Monthly Review Date: