
**New and Expectant Mothers or Birthing Parents Risk Assessment
Guide for Managers**

Organisational Standard Operating Procedure (O-SOP)

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New and Expectant Mothers or Birthing Parents Risk Assessment Guidance

1. INTRODUCTION & PURPOSE

The Management of Health & Safety at Work Regulations (1999) includes regulations to protect the health and safety of new and expectant mothers (NAEM) or birthing parents.

The definition of a New or Expectant Mother or birthing parent is currently pregnant, has given birth within the previous six months or currently breastfeeding/chest feeding. When a risk is identified that may affect the health and safety of a NAEM or birthing parent, line managers must take action to reduce and control those risks. They must also inform all their employees of childbearing age (not just those who are pregnant) of any key significant risks which could pose a threat in a potential pregnancy. The risk assessment must be reviewed regularly, particularly as the pregnancy develops, working activities change or there are changes to the NAEM's or birth parent's health.

2. SCOPE AND DEFINITION

This process applies to all Line Managers and supervisors within the Trust who are involved in managing NAEMs or birthing parents as defined above and as part of this process aim to protect the health and safety of the NAEM or birthing parent and take action to reduce and controls risks to the health of the NAEM or birthing parent and that of their unborn child.

3. LEGISLATION IN RELATION TO NEW OR EXPECTANT MOTHERS OR BIRTHING PARENTS

The Management of Health & Safety at Work Regulations (1999) includes regulations to protect the health and safety of NAEM or birthing parents.

4. COVID-19

Studies show that pregnant women or people are no more likely to get COVID-19 than other healthy adults. Most pregnant women or people experience only mild symptoms. However, unvaccinated or not fully vaccinated pregnant women or people are at an increased risk of becoming severely ill and of pre-term birth if they contract COVID-19. The Royal College of Obstetrics and Gynaecologists state that pregnant women or people who are unvaccinated or not fully vaccinated may choose to limit close contact with people they do not usually meet with to reduce the risk of catching or spreading COVID-19, particularly if they are in their third trimester or when COVID-19 disease levels in the community are high. The guidance also refers to other risk factors for developing

severe illness such as ethnicity, maternal or perinatal age of 35 years or above, higher BMI and pre-existing medical conditions.

4.1. WORKPLACE RISK ASSESSMENT

- This must take place for NAEM or birthing parents, this should take place as soon as the employee informs their manager that they are pregnant and should be reviewed regularly, as the pregnancy progresses and on returning to work after maternity leave.
- Risk assessment discussions should be purposeful, supportive, and specifically designed to review physical and psychological risk factors to an individual, as well as their personal circumstances.
- Staff are encouraged to discuss any medical conditions that might compromise their health and safety. If they do not wish to discuss their health conditions with their manager, they should be referred to Occupational Health (section 8 Occupational Health).
- When performing the risk assessment, managers should consider community infection levels, individual vulnerability, workplace/commute transmission risk, staff's concerns/expectations, vaccination status.
- Guidance can be found here: [Royal College of Obstetricians and Gynaecologists](#)
- NAEM or birthing parents should only continue working if the risk assessment advises that it is safe to do so.

4.2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is advised, there is no different guidance for NAEM or birthing parents but consider that some PPE is not suitable for NAEM or birthing parents.

4.3. LESS THAN 28 WEEKS' PREGNANT

In addition to the measures recommended above, if the employee has underlying health conditions or other risk factors, it is advisable to avoid working in an area where there is an increased risk of exposure to COVID-19. The decision should be made after consulting the employee but if the manager needs further guidance, then an Occupational Health referral should be made (section 8 Occupational Health)

4.4. HIGH RISK AREAS

It is advisable for the NAEM or birthing parent to work only in an area where there is no known risk of exposure to COVID-19 or in a non-patient facing role. Consider remote working. The decision should be made after consulting the NAEM or birthing parent.

4.5. 28 WEEKS OR BEYOND

Given the clinical data that suggest that the risk of complications from COVID-19 increases in the third trimester, further considerations should be made from this stage, in addition to the measures recommended above.

4.6. COVID-19 VACCINATION

Women or people who are pregnant should be offered the Covid-19 vaccination - the vaccine is considered safe and effective at any stage of pregnancy.

5. POTENTIAL HAZARDS

This section gives practical advice to managers on complying with pregnancy legislation. When complying with the regulations, the manager ensures that the workplace does not pose a risk to the health of the NAEM/birthing parent or the developing child. The risk assessment is the basis for deciding if there are work processes, substances or work tasks in the workplace that could impact on both and the measures that can be considered by the manager to avoid injury or ill health.

Physiological Changes	Considerations for managers
<i>There are many general non-specific problems which may affect new and expectant mothers or birthing parents at different stages of their pregnancy, and which may impact on their work. Some of these listed below</i>	<i>Managers may consider some of the adjustments listed below, especially if physiological changes are impacting on comfort, wellbeing, or performance at work.</i>

Fatigue, sleep disturbance, nausea and vomiting	<p>Consider introducing more regular breaks or flexible working hours to allow for a later start if nausea and vomiting is a problem or if fatigue is impacting</p> <p>Consider allowing additional short rest breaks during the day, regular movement breaks</p>
Backache, frequent visits to the toilet	Continually speak to the NAEM or birthing parent to assess comfort in the workplace e.g., when using a computer for long periods, and consider encouragement of regular movement breaks to ease comfort and promote movement
Change in body shape, balance, breathlessness, dexterity, comfort, swollen ankles	Regular breaks to eat little and often, regular movement breaks, consider a reduction in more physical aspects of a job e.g., lifting and handling, or consider adjustments to work patterns to help support the management of symptoms e.g., cessation of shift work or night duty/work
Physical symptoms including discomfort from heartburn or indigestion	The Workplace Regulations (1992) https://www.legislation.gov.uk/ukxi/1992/3004/regulation/25/made require employers to provide suitable rest facilities for NAEM or birthing parents
Increasing fatigue as the pregnancy progresses, requiring more frequent rest breaks	

Manual Handling	Considerations for Managers
<i>Some NAEM or birthing parents may have a more physical role e.g., standing for long periods, driving for long periods, or lifting and handling duties</i>	<i>Managers may consider some of the adjustments listed below, especially if manual handling demands are impacting on comfort, wellbeing, or performance at work.</i>
<p>In pregnancy:</p> <p>Increased susceptibility to back injuries due to hormonal changes and changes in body shape</p> <p>In later pregnancy, increased risk of postural problems related to change in body shape</p> <p>After birth:</p>	<p>Avoid manual handling activities unless the process can be automated by using lifting equipment.</p> <p>Assess systems of work to avoid excessive reaching, bending, and stretching in later pregnancy.</p> <p>Carry out local risk assessments for specific hazards and attach them to this assessment</p>

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 of lifting and handling capability.

Breastfeeding / chestfeeding:

There is no evidence to suggest that breastfeeding/chestfeeding mothers or people are at greater risk from manual handling injury than any other worker.

The changes an employer should make will depend on the risks identified in the assessment and the circumstances of the work and environment. e.g. It may be possible to alter the nature of the task so that risks that from a manual handling risk are reduced for all staff including NAEM or birthing parents.

Chemical hazards	Considerations for Managers
<p><i>Chemical agents are known to endanger the health of NAEM or birthing parents.</i></p>	<p><i>Managers may consider some of the adjustments listed below, especially if manual handling demands are impacting on comfort, wellbeing, or performance at work.</i></p>
<p>There are 800 substances labelled with risk phrases i.e., R40, R45, R46. The risk assessment will determine the presence of a particular substance in the workplace</p> <p>Under the Control of Substances Hazardous to Health (COSHH), all chemicals have a classification that indicates the level of risk. These are listed below</p> <p>R40 risk of irreversible effects</p> <p>R45 may cause cancer</p> <p>R46 may cause heritable genetic damage</p> <p>R47 may cause birth defect</p> <p>R61 may cause harm to the unborn child</p> <p>R63 risk of harm to the unborn child</p> <p>R64 may cause harm to breastfed/chest fed babies</p>	<p>It is the responsibility of the manager to assess the health risks to employees arising from working with hazardous substances</p> <p>If the risk assessment reveals a risk to the NAEM or birthing parent, the developing child or breastfeeding/chestfeeding child, and it is not practical to ensure the health and safety of the NAEM or birthing parent through protective or preventative measures, the manager must adjust the NAEM's or birthing parent's working conditions or hours of work, or both</p> <p>If this is not possible, you must provide suitable alternative work</p> <p>If you cannot provide suitable alternative work, the NAEM or birthing parent should be granted leave from work</p>

Infection and Biological hazards	Considerations for Managers
<p><i>Biological agents are known to endanger the health of the NAEM or birthing parents</i></p>	<p><i>Managers may consider some of the adjustments listed below, especially if manual handling demands are impacting on comfort, wellbeing, or performance at work.</i></p>
<p>Many biological agents can affect the unborn child if the mother or birthing parent is infected during pregnancy.</p> <p>These may be transmitted through the placenta while the child is in the womb, or during or after birth, for example through breastfeeding/chestfeeding or through close physical contact between mother/birthing parent and child. Examples of the more common hazards that may be encountered at work include, but are not limited to Respiratory infections (this will include COVID-19), Hep B, Hep C, Measles, Mumps, Rubella, HIV, C Difficile, Chicken Pox, Monkey Pox</p>	<p>It is the responsibility of the manager to assess the health risks to employees arising from working with biological hazards</p> <p>If biological agents are identified in the workplace of the NAEM or birthing parent, the manager must determine the nature, degree and duration of the NAEM's or birthing parent's exposure to the biological agent and lay down measures to be taken to ensure the safety and health of such employees</p> <p>If the risk assessment reveals a risk to the NAEM or birthing parent, the developing child or breastfeeding/chest feeding child, and it is not practical to ensure the health and safety of the NAEM or birthing parent through protective or preventative measures, the manager must adjust the NAEM's/birthing parent's working conditions or hours of work, or both</p> <p>If this is not possible, you must provide suitable alternative work</p> <p>If you cannot provide suitable alternative work, the NAEM or birthing parent should be granted leave from work</p>

Working conditions		Considerations for Managers
<p>Working with Display Screen Equipment</p>	<p>NAEM or birthing parents do not need to stop working with Display Screen Equipment (DSE)</p> <p>Postural issues may be of concern in the latter stages of pregnancy.</p>	<p>The workstation should be reassessed and adjusted to suit the changing needs of the NAEM or birthing parent, and the work arranged to allow regular breaks from the screen.</p> <p>Positioning at the workstation should be reviewed as the pregnancy progresses.</p>

Lone working	The risk of potential harm will vary according to workplace and work activity.	Where there is potential for lone working, the manager should undertake ongoing risk assessments with the NAEM or birthing parent to assess risk and discuss and address concerns. Temporary re-deployment may need to be considered.
Shift work and night work	Night work. Most night workers who are pregnant should be able to continue work as normal. Occasionally pregnant women or people may experience health problems that they consider to be caused or exacerbated by night work.	If a NAEM or birthing parent is regularly involved in night work (11pm-6am) and they have a medical certificate stating that night work should be avoided, they must be found alternative daytime work. If this is not possible, you must grant employee leave or extend the period of parental leave.
Verbal or Physical Aggression	Risk assessments should assess the risk of the NAEM or birthing parent from being exposed to violence or aggressive behaviour at work which could result in psychological distress or physical harm.	Appropriate control measures must be implemented to reduce the risk of all staff to violence at work. However, it should be recognised that NAEM or birthing parent may feel especially vulnerable and additional control measures implemented as necessary- temporary re-deployment to other work or into a safer work area may be necessary.
Slips and Trips	NAEM or birthing parents are more prone to falls due to changing body shape	Those who work in areas where wet or slippery floors are a common aspect, should ensure that they always wear comfortable slip resistant footwear. Adjusting workstations or work procedures may help remove postural problems and risk of accidents.
Driving at Work	Driving on long journeys may be problematic at various stages of pregnancy, e.g., due to sickness in the early stages and in the later stages due to postural discomfort.	Additional rest breaks during long journeys may be required. Consider using alternative transport e.g., train so that the NAEM or birthing parent can change position more easily and have ready access to toilets.

6. LESS COMMON HAZARDS

Working at height	Considerations
<p>NAEMs or birthing parents may experience problems when working at heights e.g., ladders, platforms and in 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.</p>	<p>Working at height or in confined spaces should be avoided.</p>
Non-Ionising Electromagnetic Radiation	Considerations
<p>Optical Radiation - no greater risk than normal workers.</p> <p>Electromagnetic fields and waves (radio frequency radiation). Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the developing child or the mother/birthing parent.</p>	<p>Exposure to electric and magnetic field should not exceed the restrictions on human exposure published by the NRPB</p>
Ionising Radiation	Considerations
<p>Significant exposure to ionising radiation can be harmful to the foetus and this is recognised by placing limits on the external radiation to the abdomen of the expectant mother or birthing parent for the declared term of her pregnancy.</p> <p>If a NAEM or birthing parent works with radioactive liquids or dusts these can cause exposure of the child, particularly through contamination of the mother's/birthing parent's skin.</p>	<p>Work procedures should be designed to keep exposure of the pregnant woman or person as low as reasonably practicable and certainly below the statutory dose limit for pregnant women or people.</p> <p>Special attention should be paid to the possibility of nursing mothers/chest feeding individuals receiving radioactive contamination and they should not be employed in work where the risk of such contamination is high.</p> <p>The working conditions should be such as to make it unlikely that a pregnant woman or person might</p>

There may be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother or birthing parent.

receive high accidental exposures to radioactive contamination.

Mercury and Mercury derivatives

Considerations

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 or birthing parent to be poisoned.

EH17: Mercury – health and safety precautions.

MS12: Mercury – medical surveillance gives practical guidance on the risks of working with mercury and how to control them.

No clear evidence of adverse effects on developing foetus from studies of humans exposed to mercury and inorganic mercury compounds.

No indication that mothers or birthing parents are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby.

Lead and lead derivatives

Considerations

Occupational exposure to lead in the early 1990s when exposure was poorly controlled, was associated with high frequencies of spontaneous abortion, stillbirth, and infertility. More recent studies draw attention to an association between low-level lead exposure before the baby is born from environmental sources and mild decreases in intellectual performance in childhood.

The Approved Code of Practice associated with the Lead Regulations “Control of Lead at Work” sets out the current exposure limits for lead and the maximum permissible blood lead levels for workers who are exposed to lead to such a degree that they are subject to medical surveillance. It gives a blood lead level for men and a lower level for women of reproductive capacity. This is to help protect the foetus from injury in the weeks before a pregnancy is confirmed.

The effects on breast-fed/chest fed babies due to their mothers’/birthing parent’s lead exposure have not been studied. However, lead can enter human milk. Since it is thought the nervous

Once their pregnancy is confirmed, individuals who are subject to medical surveillance under the lead regulations will normally be suspended from work which exposes them significantly to lead by the

system of young children is particularly sensitive to the toxic effects of lead, the exposure of breastfeeding/chestfeeding mothers or birthing parents to lead should be viewed with concern.

Employment Medical Adviser or Appointed Doctor carrying out the medical surveillance.

Avoid when breast feeding/chestfeeding.

Carbon Monoxide	Considerations
<p>Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen. Data on the effects of exposure to carbon monoxide on pregnant women or people are limited but there is evidence of adverse effects on the foetus. Both the level and duration of maternal/perinatal exposure are important factors in the effect on the foetus.</p> <p>There is no indication that breast fed/chest fed babies suffer adverse effects from their mother's/birthing parent's exposure to carbon monoxide, nor that the mother or birthing parent is significantly more sensitive to carbon monoxide after giving birth.</p>	<p>The Mother/birthing parent to Baby Factsheet Carbon Monoxide (mothertobaby.org) gives practical advice on the risks of working with carbon monoxide and how to control them. It warns that pregnant women or people may have heightened susceptibility to the effects of exposure to carbon monoxide.</p>
Shocks, vibration, or movement	Considerations
<p>Regular exposure to shocks, low frequency vibration, for example driving or riding or excessive movement may increase the risk of a 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 birth or low birth weight.</p>	<p>Limit/reduce exposure whenever possible.</p>
Noise	Considerations
<p>Although no direct or specific risk to new or expectant mothers/birthing parents or foetus, prolonged exposure may cause tiredness and increased blood pressure.</p>	<p>Comply with the Noise at Work Regulations should be sufficient to meet the needs of NAEM or birthing parent.</p>

Extremes of cold or heat	Considerations
<p>NAEM or birthing parents may tolerate heat less well and may more readily faint or be more liable to heat stress.</p> <p>Breastfeeding/chestfeeding may be impaired by heat dehydration.</p> <p>No specific problems arise from working in extreme cold, but warm clothing should be provided.</p>	<p>Pregnant workers should take great care when exposed to prolonged heat at work.</p> <p>Rest facilities and access to rest facilities and hydration</p>
Antimitotic (cytotoxic) drugs	Considerations
<p>In the long term these drugs cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation or through the skin</p>	<p>There is no known threshold limit and exposure must be reduced to as low a level as is reasonably practicable. Assessment of the risk should look particularly at preparation of the drug for use (pharmacists, nurses), administration of the drug, and disposal of waste (chemical and human).</p> <p>Those who are trying to conceive a child or are pregnant or breast-feeding/chestfeeding should be fully informed of the reproductive hazard.</p> <p>HSE's Guidance Note MS21 Precautions for the safe handling of cytotoxic drugs gives information about the health hazards and advice on avoidance/reduction of risk.</p> <p>Local advice:</p> <p>First Trimester</p> <p>No administration of Cytotoxic or Cytostatic Drugs</p> <p>No cleaning up of spillage or handling of body fluids</p> <p>No reconstitution of drugs at all.</p>

	<p>Second and Third Trimester</p> <p>Administration must be via risk assessment of individual drug and must include Personal Protective Clothing.</p> <p>No reconstitution of drugs at all.</p>
Medication/drugs	Considerations
Some drugs/medications may present a risk and need to be assessed individually.	All drugs handled at work by staff as part of patient's treatment should be assessed to ensure they do not present a risk.

7. RISK ASSESSMENT

An individual risk assessment must be carried out, that covers the NAEM's or birthing parent's individual needs, when they have informed the manager in writing that they:

- Are pregnant
- Are breastfeeding/chest feeding, or
- Have given birth in the last 6 months

When the manager has been informed in writing, they must now complete the risk assessment of the NAEM or birthing parent using the *Risk Assessment Form (Appendix A)*.

Action for Manager

- Please read *Potential Hazards (Section 5)* of this SOP so that you are familiar with potential hazards to NAEM or birthing parents prior to conducting the risk assessment.
- Complete an initial risk assessment using the *Risk Assessment Form (Appendix A)* from start to finish with the NAEM or birthing parent.
- Make sure that all *Personal Details (Section 1)* are accurate and fully completed. Please check that they remain accurate at each risk assessment discussion as these details may change.
- Put a date in the *Initial Assessment* box of each section (a-r) and make notes in the *Discussion notes and action* box of each section, based on your discussion.
- If there is no risk identified for a section, please insert the date in the *Initial Assessment* box and write '*no risk identified*' in the *Discussion notes and action* section.

- The *Risk Assessment Form* is a working document, and the same form should be used and completed at each risk assessment discussion, adding to your *Discussion notes and action* each time. Following the initial assessment, the risk assessment should be revisited at 20 weeks, 28 weeks and 34 weeks and on returning to work after parental leave. The dates of the discussions and the *Discussion notes and actions* should be recorded each time.
- In addition to assessing risks to the NAEM or birthing parent, the NAEM/birthing parent should be encouraged to express any concerns they have about how their work could affect their pregnancy and this discussion should be recorded each time on the *Risk Assessment Form*. Record such notes in the most relevant *Discussion notes and action* box.
- The manager must also take account of any medical recommendations provided by the NAEM's/birthing parent's doctor or midwife and document on the *Risk Assessment Form* that these have been actioned. Details of such recommendations should be detailed in *Section 'r' of the Risk Assessment Form*.
- The manager must complete *Assessment of Risk (Section 3)* of the *Risk Assessment Form* and give an overall identification of risk on that date – *Low, Medium, High*
- The manager must check that the *Risk Assessment Form* is fully completed each time including
 - Section 1 – Personal Details – check these are correct at each risk assessment
 - Section 2 – Discussion points and action – record these each time based on your discussion
 - Section 3 – Assessment of Risk – record this each time and date
 - A copy should be given to the NAEM/birthing parent, and a secure copy kept with the manager
- If the manager identifies a risk that could cause harm to the NAEM/birthing parent or their child, the manager must firstly decide if they can control or remove the risk. If they cannot control or remove it, they must do the following:
 - Adjust the working conditions. If this is not possible,
 - Give the NAEM or birthing parent suitable alternative work. If this is not possible,
 - The NAEM or birthing parent should work from home
 - Please date and record all discussions and actions on the *Risk Assessment Form*

8. OCCUPATIONAL HEALTH

If the manager requires further professional advice regarding the fitness of a NAEM/birthing parent to continue working or work adjustments or restrictions that may be required, then a *management referral* to Occupational Health should be submitted. Referrals to Occupational Health should be made in the normal way via the portal and include the most recent copy of

the completed *Risk Assessment Form*, role, task, hours, adjustments already implemented, concerns and impact.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

[Control of Substances Hazardous to Health Regulations 2002 Approved Code of Practice](#)

[HSE COSHH basics.](#)

[The Approved List of Biological Agents](#)

[The Ionising Radiations Regulation 2017](#)

[Medical gas data sheets](#)

[The Health and Safety \(Display Screen Equipment\) Regulations 1992](#)

[The Management of Health and Safety at Work Regulations 1999](#)

[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013](#)

[The Control of Lead at Work Regulations 2002](#)

[Control of Pesticides Regulations 1986](#)

[Manual Handling Operations Regulations 1992 \(amended 2002\)](#)

[The Control of Noise at Work Regulations 2005](#)

[British National Formulary BNF](#)

[Protecting pregnant workers and new mothers - HSE](#)

[HSE Protecting new and Expectant mothers \(employer\)](#)

[HSE New and expectant mothers at work: Your health and safety](#)

[Gov.UK Coronavirus \(Covid-19\): advice for pregnant employees](#)

[Royal College of Obstetricians and Gynaecologists- Covid-19 infection and pregnancy](#)

10. GLOSSARY

NAEM	New and Expectant Mother
OH	Occupational Health
PPE	Personal Protective Equipment
COSHH	Control of Substances Hazardous to Health

APPENDIX A – RISK ASSESSMENT FORM

SECTION 1: PERSONAL DETAILS (NEW AND EXPECTANT MOTHER/BIRTHING PARENT)

Name of New and Expectant Mother / Birthing Parent: Click or tap here to enter text.	Area of Work: Click or tap here to enter text.
Job Title: Click or tap here to enter text.	Expected date of delivery: Click or tap to enter a date.
Date of first risk assessment: Click or tap to enter a date.	
Expected date of commencement of maternity leave: Click or tap to enter a date.	

SECTION 2: DISCUSSION POINTS AND ACTION PLAN

	Risks	Discussion points	Initial Assessment	Review 1	Review 2	Review 3
a)	Posture & position	Standing or sitting for long periods Awkward movements	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						
b)	Sitting or standing for long periods	Travel times/public transport Frequent movement breaks Regular snacks and hydration breaks	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						

c)	Lifting or carrying heavy loads	Standing/manual handling/posture Carrying equipment Supporting patients with personal care	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
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Discussion notes and action:

d)	Prolonged use of sitting at a workstation	Prolonged standing Sitting/typing Musculoskeletal discomfort Poor workplace design (long periods on laptop)	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
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Discussion notes and action:

	Risks	Discussion points	Initial Assessment	Review 1	Review 2	Review 3
e)	Long hours or shift work	Night work – assess if there is a risk from night work or doctor or midwife has advised against it Excessive overtime Irregularity of shifts Low staffing levels	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

Discussion notes and action:

f)	Temperature and noise	Hot or cold working conditions Poor ventilation in patient homes Winter working Summer heat	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						
g)	Fatigue and Stress	Overtime Evening/Night work Lack of rest breaks Excessive hours Pace – intensity of work. Emotional Changes Working alone – emergency procedure	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						
Risks		Discussion points	Initial Assessment	Review 1	Review 2	Review 3
h)	Balance	Slippery/wet/uneven surfaces Centre of gravity Stairs	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						

i)	Working at height	Climbing ladders or steps	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
		Over-reaching for items on high shelves				
Discussion notes and action:						
j)	Working alone	Night work	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
		Community work No contact with co-workers				
Discussion notes and action:						
k)	At risk of workplace violence or physical demands	Patient groups	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
		Physical restraint of patients				
Discussion notes and action:						
l)	Exposure to vibration	Power tools	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
		Medical equipment				
Discussion notes and action:						

	Risks	Discussion points	Initial Assessment	Review 1	Review 2	Review 3
m)	Infectious diseases	COVID-19 Influenza Respiratory Infections TB Hep B Hep C HIV C Difficile MMR (Measles, Mumps and Rubella) Chicken Pox Monkey Pox	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
	Discussion notes and action:					
n)	Lead or radioactive materials	X-rays	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
	Discussion notes and action:					
o)	Toxic chemicals	Cleaning materials Patient medication Cytotoxic medication Spills	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
	Discussion notes and action:					

	Risks	Discussion points	Initial Assessment	Review 1	Review 2	Review 3
p)	PPE	Some PPE is not designed for pregnant workers If unable to wear some PPE consider change to work activity	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						
	Risks	Discussion points	Initial Assessment	Review 1	Review 2	Review 3
Rest and breastfeeding/chestfeeding at work						
q)	More frequent rest breaks	Agree timing and frequency Identify somewhere where the worker can lie down The area should be clean and private to express breast milk Fridge to store expressed milk	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Discussion notes and action:						
r)	Recommendations from doctor or midwife					
Discussion notes and action:						

SECTION 3: ASSESSMENT OF RISK

Risk Category		Action
Low risk	Minimal risk	Minor adjustments to working may be required but manageable locally
Medium Risk	Significant risk	Seek advice from Occupational Health.
High Risk	Serious risk	Immediately remove pregnant worker from the risk and refer to Occupational Health for further advice

Assessment at work:

Initial:	Review 1	Review 2	Review 3
DATE:	DATE:	DATE:	DATE:
Risk	Risk	Risk	Risk
Choose an item.	Choose an item.	Choose an item.	Choose an item.

Summary of Actions

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Manager's Signature	Manager's Signature	Manager's Signature	Manager's Signature
Individual's Signature	Individual's Signature	Individual's Signature	Individual's Signature

SECTION 4: RETURN TO WORK PLAN

Discussion points

Agreed Action

- Caesarean Section - If the individual plans to return to the workplace before 6 weeks post-natal a medical certificate is required to confirm fitness.
- Provision of rest facilities
- Provision of clean, private place to express and store breast/chest milk.
- Extreme heat – breastfeeding/chestfeeding impaired by heat dehydration.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Manager's Signature

Individual's Signature

APPENDIX B – EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	<i>Occupational Health - corporate</i>	
Title of Change:	<i>New and Expectant Mothers or Birthing Parents Risk Assessment and guide for managers SOP and process</i>	
What are you completing this EIA for? (Please select):	<i>Service Change</i>	<i>Click or tap here to enter text.</i>
What are the main aims / objectives of the changes	<i>Updates in line with legislation, good practice guidance and Solent health and wellbeing strategy</i>	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select “not applicable”:

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g., adjustment to the policy)
Sex	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Gender reassignment	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Disability	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Age	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Sexual Orientation	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pregnancy and maternity	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Marriage and civil partnership	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Religion or belief	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Race	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Current legislation, HSE (Health and Safety Executive) guidance for new and expectant mothers, Royal College of Obstetrics and Gynaecology, Royal College of Midwives, various health and safety legislation listed above in References and Links to other documents
Have you taken into consideration any regulations, professional standards?	Yes	Yes, as above

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	n	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	nil		
Who will be responsible for monitoring and regular review of the document / policy?	Occupational Health and Wellbeing Service		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Angela Tomlinson	Date:	23 September 2022
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