

# New & Expectant Mothers At Work



*This document forms part of Somerset County Council's corporate health and safety policy [manual](#), which is available on the [CHSU Website](#) and iPost.*

*Services may supplement this policy with their own specific guidance.*

*Please check Section 5 (Links) for details.*

1 [Purpose of Policy](#)

2 [Responsibilities](#)

3 [Guidance for Managers](#)

4 [Information for employees](#)

5 [Links](#)

[Form HS F17 \(separate document\)](#)

---

## 1 Purpose of Policy

**The Council recognise its legal and moral obligation to ensure a safe and healthy work environment for pregnant or breastfeeding employees. This policy sets out how we take all reasonable steps to protect them from anything at work that might adversely affect them or their unborn child.**

This policy aims to reduce any identified risks to new and expectant mothers and provide practical guidance on measures to protect them.

This risk assessment process involves two stages:

**1) general risk assessments** should take into account how pregnant women may be affected by any identified risks from work activities or working conditions. This is essential because, in many cases pregnancy goes undetected for the first 4-6 weeks.

**2) a specific risk assessment for a pregnant employee** should be completed once an employee notifies a manager that she is pregnant.

The assessment should take the form of an open discussion between manager and employee, recorded on Form [HS F17](#). Using any relevant medical advice, they should assess any workplace risks to her and her unborn child, and agree practical action to reduce them.

This assessment will need regular review throughout the pregnancy.

## 2 Responsibilities

### 2.1 Somerset County Council will:

- ensure that all employees who are new or expectant mothers are not exposed to unacceptable risks while at work
- use the risk assessment process explained in this document to ensure all risks facing new or expectant mothers are assessed and reduced as far as reasonably practicable. This process has two key elements:
  - identifying potential hazards in the workplace to pregnant employees, and passing this information on to all female employees of child-bearing age
  - **specific assessments, reviewed regularly** for any woman who is pregnant, or who has returned to work following a birth or miscarriage, or who is breast-feeding (see [HS F17](#) for forms).
- following the completion of an employee-specific risk assessment, comply with the steps explained in section 3.5 of this document
- provide suitable facilities, including:
  - providing a place for pregnant and breastfeeding mothers to rest
  - where practical, providing a private room for nursing mothers to express and store breast milk. (Toilet facilities are not suitable for this purpose.)

### 2.2 Directors<sup>1</sup> will

- ensure that those managers responsible for carrying out risk assessments are aware of this policy and the associated form ([HS F17](#)).

### 2.3 Managers will ensure that

- new and expectant mothers are encouraged to inform their employer of their condition at the earliest possible opportunity
- the highest level of confidentiality is maintained at all times
- risk assessments are carried out:
  - that identify the risks to pregnant women from work activities, and that all women of child-bearing age are informed of these risks (see [section 3.3](#))
  - for each individual new or expectant mother (see form [HS F17](#)) to assess and reduce the particular risks to the specific employee (see [section 3.4](#) for guidance)
- any necessary control measures identified by the risk assessment are implemented, followed, monitored, reviewed and, if necessary, revised
- new and expectant mothers are informed of any risks to them and/or their child and the measures taken to protect them
- any adverse incidents are immediately reported and investigated

---

<sup>1</sup> Or their Delegated Senior Manager

- provision is made to support new and expectant mothers who need to take time off work for medical reasons associated with their condition.

## 2.4 Employees who are new or expectant mothers will

- inform their general practitioner or midwife of the nature of their work
- notify their manager in writing, as soon as possible, if they are pregnant
- follow any arrangements implemented for their protection at work, including attending training sessions, complying with any relevant control measures
- not act in a manner that adversely affects their own health and safety, that of their child and/or anyone else
- keep her manager informed of any concerns or difficulties she may have.

## 2.5 The Corporate Health and Safety Unit will

- maintain and communicate this policy
- audit compliance with this policy
- review this policy at intervals not exceeding 3 years

# 3 Managers' guide to new and expectant mothers at work

3.1 [Key terms](#)

3.2 [What does the law say?](#)

3.3 [Your initial, general assessment](#)

3.4 [Using form HS F17 to perform a individual-specific risk assessment](#)

3.5 [Understanding common pregnancy-related symptoms](#)

3.6 [Notes about particular hazards to new or expectant mothers](#)

3.7 [How often should an assessment be reviewed?](#)

3.8 [Returning to work following giving birth](#)

## 3.1 Key terms

A **“new or expectant mother”** is an employee who is pregnant, has given birth within the past six months, or is breastfeeding.

**“Given birth”** is defined in the Management Regulations as “delivered a living child or, after 24 weeks of pregnancy, a stillborn child”. There is no time limit on the period of breast-feeding — this will be for the mother herself to decide.

The **“initial assessment”** is your assessment of how work activities could affect pregnant employees. This needs to be communicated to all women of child-bearing age.

### 3.2 What does the law say?

- Employers are required to carry out a risk assessment of all of the risks posed to their employees, including any particular or additional risks to new and expectant mothers.
- Where the risks to new and expectant mothers cannot be controlled by the precautions in place, additional control measures, such as re-organising work, finding suitable alternative work or suspension may be necessary.
- Where a new or expectant mother works at night and a certificate from a registered medical practitioner or a registered midwife shows that it is necessary for her health or safety that she should not be at work for any period, the employer must find suitable alternative work or suspend her from work for so long as is necessary.
- The employer is not required to take the above actions until the employee has notified them in writing that she is pregnant, has given birth within the previous six months, or is breast-feeding.
- The employer may request, in writing, a certificate from a registered medical practitioner or registered midwife confirming the pregnancy. If within a reasonable period of time, the employee has not produced the certificate, the employer is not required to continue with the requirements detailed above.
- New and expectant mothers are not obliged to inform their employer of their condition, or of any associated health issues (although they should be encouraged to do so).
- Employers must provide suitable rest facilities for pregnant women or nursing mothers. The relevant Code of Practice (L24) states that “Facilities for pregnant women and nursing mothers to rest should be conveniently situated in relation to sanitary facilities and, where necessary, include the facility to lie down.”

### 3.3 Initial assessment of potential risks

Unless you employ no women of child-bearing age, you must

- ensure that all relevant risk assessments take into account additional risks to new and expectant mothers in your risk assessments.
- inform all women of child-bearing age of any relevant risks.

This is because many women may not be aware that they are actually pregnant for the first 4 to 6 weeks of their pregnancy. The foetus is most susceptible to harm during the first 12 weeks.

In other words, it may be too late to wait until the woman knows she is pregnant, informs her manager, and the risk assessment is carried out and control measures put in place. By then, harm could already have been done.

So, we need to ensure that we have thought, in advance, about what could cause serious harm at an early stage of pregnancy (e.g. some chemicals, infection risks).

### 3.4 Making an individual-specific risk assessment using form HS F17

The law requires managers to take action **when notified in writing** of an employee's pregnancy. It also allows managers to request a certificate from a medical practitioner or midwife confirming the pregnancy.

If an employee subsequently notifies the employer that she is pregnant, the following actions must be taken:

- a) Assess the specific risks to the mother and her baby from work, taking account of any medical advice shown in maternity certificates. Form HS F17 is provided for this purpose. You are not compelled to use this form but must be able to demonstrate compliance with this policy.
- b) Take reasonable steps to remove or reduce the identified risks. This may involve changing her working conditions or hours.
- c) Give the employee information about risks and how to avoid them.
- d) If it is not possible to reduce risks from a particular work activity or environment to an acceptable level, ensure that the employee does suitable alternative work which is safer
- e) If no suitable alternative work can be found, discuss with HR. It may be ultimately necessary to suspend the employee on maternity grounds in accordance with the Council's [Maternity Leave policy](#).

### 3.5 Understanding common pregnancy-related symptoms

Pregnant women and nursing mothers undergo many physiological, hormonal and psychological changes during the term of their pregnancy, and during the postnatal nursing period, both of which might affect the level of risk associated with their work. The information in the table below may help when carrying out the employee-specific risk assessment using form [HS F17](#).

Common symptoms	How work may be aggravating or causing this	What can we do to help?
<b>Morning sickness Headaches</b>	Early morning shifts Exposure to nauseating smells — in some cases this may be an innocuous, ordinary, everyday smell that the pregnant woman suddenly finds intolerable	Re-organise shifts to avoid early mornings Avoid duties involving strong/nauseating smells, eg cleaning up human soiling, laboratory work with strong chemicals
<b>Backache</b>	Long periods of standing Moving and handling tasks Poor posture Insufficient available working space	Provide suitable seating where possible or reduce the time spent standing— ensure rotation of work duties to avoid periods of standing or sitting Assess and control all moving and manual handling activities carried out by the pregnant woman Re-organise work and/or workplace to avoid poor postures Ensure adequate space at workstation and for moving around
<b>Hormonal changes</b>	Manual handling, due to weakened ligaments Wearing of protective equipment and clothing (PPE), aggravating sensitive breasts	Assess and control all moving and <a href="#">manual handling</a> activities carried out by the pregnant woman Avoid work activities requiring <a href="#">PPE</a> or review and revise any PPE provided

<b>Varicose veins</b>	Long periods of standing or sitting Poor posture	Ensure rotation of work duties to avoid long periods of standing or sitting Re-organise work and/or workplace to avoid poor posture
<b>Haemorrhoids</b>	Poor posture Hot environments	Re-organise work and/or workplace to avoid poor postures Avoid or minimise time spent in hot environments Provide some form of air cooling, if appropriate
<b>Increased visits to toilet</b>	Work that is difficult to leave, eg teaching, vehicle driving. Difficult access to, or location of, toilets	Re-organise work activities and/or workplace to allow necessary visits to toilet
<b>Increasing size</b> (may also reduce mobility, dexterity and general co-ordination in later stages)	Moving and manual handling tasks Display screen work — increasing viewing distance from screen Protective equipment and clothing (PPE)	Assess and control all manual handling activities carried out by the pregnant woman Ensure adequate space at workstation and for moving around Review <a href="#">DSE assessment</a> and make necessary changes or re-organise work activities to avoid display screen work Avoid work activities requiring PPE or review and revise the PPE provided
<b>Changes in blood pressure</b> <b>Tiredness</b>	Work that is difficult to leave Long working hours and/or overtime Evening work Strenuous, physical work	Provision of rest facilities and organisation of work activities to allow their use, as required Provision for attending medical examinations Re-organisation of work to reduce/avoid strenuous activities
<b>Reduced balance</b>	Working on wet slippery surfaces <b>Working at height</b> Work requiring stretching away from the body	Provision of appropriate anti-slip flooring Planned maintenance programmes to maintain good condition of flooring Re-organisation of work activities or workplace to avoid slippery, etc surfaces, working at height or stretching away from the body Provision of suitable ladders/step ladders



### 3.6 Notes about particular hazards on form [HS F17](#)

If properly managed, many SCC activities should present little or no additional risk to mother and child. The relevant chemical and radiation risks are encountered only in specialised environments, which should already be highly controlled by experts.

#### **B Movements, postures and workstations**

According to the HSE, there are no significant radiation risks from computers or monitors to employees, whether they are pregnant or not.

#### **D Fatigue and stress**

Work-related stress can occur as physiological, hormonal and psychological changes taking place throughout pregnancy and the postnatal period may make new and expectant mothers more susceptible to stress, anxiety or depression generally.

Also, any existing issues that have been causing stress at work can be made worse by such hormonal changes. Uncertainty about job security, pay, working conditions or about the birth itself (eg previous pregnancy problems) should be identified and addressed.

As new and expectant mothers are more prone to fatigue, physical/ strenuous work, long and/or unsociable working hours or shift work (particularly late and early shifts) may need to be adjusted.

In extreme cases, this type of work should be removed from the duties of new and expectant mothers. It is important to ensure that rest breaks are taken, as needed.

**Night work:** Research indicates that regularly working night shift is associated with an increased risk of miscarriage late in the pregnancy or stillbirth. It must be avoided if the employee submits a medical certificate from her GP or midwife that prohibits night work on the grounds of it being a health risk.

#### **E Exposure to violence**

New and expectant mothers should not be exposed to potentially aggressive or violent situations. Apart from the mental trauma of such events, which could affect breast-feeding, physical assault may cause detachment of the placenta or increase the chances of miscarriage.

Good practice suggests that where such situations cannot be avoided, at least two people must always be present. Where it is practical, new and expectant mothers should generally not work alone, as any medical situation that develops is likely to require immediate attention.

#### **F Infection Risks**

Some infections if caught by a pregnant woman can pose a danger to her unborn baby.

**Chickenpox:** this can affect the pregnancy of a woman who has not previously had the disease. If a pregnant woman is exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last three weeks before birth) she should promptly inform her GP and whoever is giving her ante-natal care who can do a blood test to check she is immune.

**German measles (Rubella):** if a woman who is not immune to rubella is exposed to this infection in early pregnancy her baby can be affected. Female staff should be able to show evidence of immunity to rubella or, if that is not available, have a blood test and, if appropriate, immunisation. If a woman who may be pregnant comes into contact with rubella she should inform her GP promptly.

**Slapped cheek disease (Parvovirus B19):** occasionally, parvovirus can affect an unborn child. If a woman is exposed early in pregnancy (before 20 weeks) she should promptly inform whoever is giving her ante-natal care.

## H Other hazards

**Radiation:** The conditions of exposure to ionising radiation for pregnant employees must, after the employer has been notified of the pregnancy, be such that the foetus is unlikely to be exposed to an equivalent dose of more than 1mSv during the remainder of the pregnancy.

### 3.7 How often must a risk assessment be reviewed?

As the pregnancy and postnatal periods are “dynamic”, eg the body undergoes constant physiological, hormonal and psychological changes, the risk assessment process must reflect this.

Regular reviews — and, if necessary, revisions — of the risk assessment should take place, in order to pick up any effects of changes as they occur.

As a guideline, review meetings between the manager and employee should be planned for every two months during the first six months of pregnancy, then monthly after that.

Also, review and possibly revision of the risk assessment will be required if:

- any relevant health issues arise
- there is reason to believe that the previous assessment is no longer valid (eg following a change in work activities and/or in the condition of the new or expectant mother)
- an injury or accident occurs.

### 3.8 Returning to work after giving birth

When an employee plans to return to work, you should complete Form [HS F17b](#) (or an equivalent form if you have one in your Service or school).

The form prompts you to find out whether the employee

- has been given any medical guidance relating to her return to work,
- has been suffering any symptoms that may complicate her return
- intends to breastfeed.

You should list any agreed actions on the form.

The table on the next page describes some common issues.



Common post-natal symptoms	How work may be aggravating or causing this	What can we do to help?
<b>Psychological effects</b> Either from postnatal depression or following a stillbirth, abortion, birth of a disabled baby	Highly pressurised work  Work involving high levels of concentration and/or life saving decisions	Provision for leave for counselling or other health-related sessions Assessment and re-organisation of work activities to fit capabilities of employee Avoid work known or shown to cause, or exacerbate, distress Agree to a rehabilitation plan for the gradual resumption of work activities with the employee and her doctor or occupational health advisor
<b>Caesarean births</b>	Moving and handling  Poor posture  Strenuous work activities	Agree to a rehabilitation plan for the gradual resumption of work activities with the employee and her doctor or occupational health advisor

Note that certain chemicals and infections can be passed on to foetuses through the placenta and to breast-feeding babies through their mother's milk.

## 4 Information for employees

Please read the HSE's leaflet *A guide for new and expectant mothers who work*. You can download this from [www.hse.gov.uk/pubns/indg373.pdf](http://www.hse.gov.uk/pubns/indg373.pdf). It should answer many of your questions. Other information is listed below.

### **Q. When do I need to tell my line manager I'm pregnant?**

The sooner the better. As soon as your doctor has confirmed that you are pregnant you should tell your line manager (this should be done in writing). Your manager has a duty to keep this information confidential.

It's understandable that you may not want other people to know about your pregnancy at this early stage, but it is essential that your manager knows.

This is because, until your line manager has been informed they can't consider that steps that might be necessary to make your pregnancy as safe as possible for you and your baby.

Remember, the Council is only obliged to make reasonable adjustments to your working conditions or hours of work if you have provided the necessary information in writing. Your manager is entitled to ask for confirmation of your condition, in which case you must obtain a certificate from your doctor or midwife to this effect within a reasonable period of time.

### **Q. Do I really need a risk assessment?**

It's important to see the risk assessment as not something that is 'done to you', but as a collaborative process involving discussions between you and your manager.

We want you to be healthy and happy at work during your pregnancy, and so we need your input and thoughts to make the process work. It's about

- looking at features of your work or workplace that might increase the risk of harm to you or your baby during pregnancy, and discussing how we can work together to reduce these risks
- discussing how you are feeling, physically and mentally
- whether you are getting unpleasant symptoms of pregnancy that we might be able to help with by altering aspects of your work
- encouraging you to tell your manager when things change

The assessment might conclude that there is nothing significant to be concerned about in which case it provides reassurance and there will be little that needs changing.

On the other hand, if there are things which give rise to risks, the assessment approaches them in a methodical manner so that safer alternatives can be worked out.

Has your GP or midwife said anything to you about your work that could be relevant? If so, it can be extremely helpful if your manager knows so it can be taken into account.

Have a look at the form at [HS F17](#). It may be useful to discuss with your midwife if you have any concerns.

## 5 Links

### 5.1 Internal SCC

[HS F17](#) - Forms for:

- [HS F17a](#) : a risk assessment for an expectant mother at work
- [HS F17b](#): Return to work assessment for new mothers

### 5.2 External

HSE information <http://www.hse.gov.uk/mothers>

*A guide for new and expectant mothers who work*, INDG 373, HSE Books 2003, [www.hse.gov.uk/pubns/indg373.pdf](http://www.hse.gov.uk/pubns/indg373.pdf)

*New and expectant mothers who work: a guide for health professionals*, INDG 373, <http://www.hse.gov.uk/pubns/indg373hp.pdf>

HSE links to further information <http://www.hse.gov.uk/mothers/information.htm>

Pregnant women and risk assessment, advice from the TUC: [http://www.tuc.org.uk/h\\_and\\_s/tuc-9712-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-9712-f0.cfm)

*New and expectant mothers at work, a guide for employers* HSG 122: HSE Books 2002 ISBN 0 7176 2583 4 [www.hsebooks.co.uk](http://www.hsebooks.co.uk)

["Pregnancy and Work. What you need to know "](#) Department of Trade and Industry.

*Working safely with ionising radiation: Guidelines for expectant or breastfeeding mothers*, INDG 334, HSE <http://www.hse.gov.uk/pubns/indg334.pdf>

*Health and safety of new and expectant mothers in the catering industry*, HSE Catering Information Sheet 19: [www.hse.gov.uk/pubns/cais19.pdf](http://www.hse.gov.uk/pubns/cais19.pdf)