

NEW AND EXPECTANT MOTHERS

1.1 INTRODUCTION

Pregnancy should not be equated with ill health. It should be regarded as part of everyday life and its health and safety implications can be adequately addressed by normal health and safety management procedures.

Many women work while they are pregnant, and many return to work while they are still breastfeeding. Some hazards in the workplace may affect the health and safety of new and expectant mothers and their children, who for the purpose of this Guidance Sheet means:

‘A woman who is pregnant, who has given birth within the previous six months or is breastfeeding’

1.2 Night Work

Special consideration will need to be given to new and expectant mothers who work at night. The regulations require, that if an employee who is a new or expectant mother works at night, and has a medical certificate stating that night work could affect her health or safety, managers must either:

- offer her suitable alternative daytime work if any is available, which should include possible vacancies in other Units. Where necessary, Senior Managers may be able assist in finding suitable alternative work for new and expectant mothers.
- where alternative work is not available, then it may be necessary to suspend her from work (give her paid leave) for as long as is necessary to protect her health and safety.

You are only required to take these steps if the risks arises from work. HSE experts are not at present aware of any risks to pregnant or breastfeeding employees or their children from working at night *per se*. If an employee states that she cannot work nights, and if there is a question as to whether the cause arises from her work, managers should seek the advice of from an occupational health practitioner.

In addition, the Working Time Regulations impose certain normal limits on all employees and in relation to night work includes:

- Night worker (i.e. between 11.00pm - 6.00am) limited to 8 hours in each 24-hour period.
- Night workers entitled to a health assessment carried out by The Partnership’s Occupational Physician.

1.3 What Managers have to do

The PHP Limited is already under a duty to assess risks to all employees and to do what is reasonably practicable to control those risks. Guidance on how to carry out risk assessments is contained in The PHO Health, Safety and Welfare Policy Part 3 Appendix 2.

The effect of the European Directive is to require specifically, when told in writing by a Doctor that an employee is pregnant, that particular account is taken of risks to new and expectant mothers when assessing risks of work activities. The guidance makes it clear that employers must consider risks to the unborn child or the child of a woman who is breastfeeding, and not just the mother herself.

If a risk cannot be avoided by other means then managers will need to:

- make a change to working conditions or hours, or
- offer suitable alternative work (**see *Night Work above***), or if that is not possible
- give the employee paid leave for as long as is necessary to protect her health and safety or that of her child.

The PHP employs a high proportion of female staff of whom some may be exposed in their work activities to physical, biological and chemical agents that have been identified by the HSE as requiring special attention. Some of the most common agents are reproduced in Appendix A. Managers should check whether any new or expectant mother is exposed to them as a result of their work activities.

If these are identified in your Unit's or Establishment's activities, then you need to consider whether there is a risk and what controls may be needed. You need to bear in mind that there could be different risks depending on whether employees are pregnant, have recently given birth or are breastfeeding.

Each person needs to be considered as an individual case, and any specific advice given to them by their medical practitioner must be taken into account.

If the assessment does reveal a risk then you should tell all female employees:

- the potential risks if they are or could in the future be pregnant or breastfeeding.
- what you will do to make sure that new and expectant mothers are not exposed to the risks that could cause them harm.
- ask female employees to inform you immediately they become pregnant, this to be confirmed in writing by their GP.
- you should also give the information to safety representatives.

1.4 Maternity Schemes

The PHP Limited operates both an Occupational Maternity Scheme and a Statutory Maternity Scheme. Employees are entitled to paid and non- paid maternity leave under these schemes.

Further advice and guidance on these schemes should be sought from the Head of HR & OD.

1.5 What should employees do if they become pregnant?

- they should discuss with their GP any concerns they may have related to their work, which they believe may affect them or their unborn child.
- inform their manager that they are pregnant.
- if necessary, they may wish to discuss their concerns with Managers or HR especially if there were any problems during a previous pregnancy, or they are required to work at night.

1.6 Summary

Managers having identified specific risks in their workplaces to new or expectant mothers or child, should, if they wish, seek advice and guidance from the Head of HR & OD through the normal channels.

1.7 Sources of Further Advice

The main source of written guidance is the Health and Safety Executive's guidance Booklet 'New and expectant mothers at work' HSG122.

The Department of Trade and Industry have produced 'Maternity Rights' - A Guide for Employers and Employees, in conjunction with the HSE.

Reference copies of both publications are held by the Health and Safety Team in Personnel and Training Services.

APPENDIX A

HSE GUIDANCE ON PHYSICAL, CHEMICAL AND BIOLOGICAL AGENTS AND THEIR IMPLICATIONS FOR PREGNANCY

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
<p>Movements and postures, travelling - either inside or outside the workplace - mental and physical fatigue and other physical burdens connected with the activity of new or expectant mothers.</p>	<p>Fatigue from standing and other physical work has long been associated with miscarriage, premature birth and low birth weight.</p> <p>Excessive physical or mental pressure may cause stress and can give rise to anxiety and raised blood pressure.</p> <p>Pregnant employees may experience problems in working at heights, for example using access steps, 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. This may lead to strain or sprain injuries, Dexterity, agility, co-ordination, speed of movement and balance may be impaired, and an increased risk of accident may need to be considered</p>	<p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the employees themselves have some control over how their work is organised.</p> <p>Ensure that seating is available where appropriate.</p> <p>Longer or more frequent rest breaks will help to avoid or reduce fatigue as in the case of employees working on Display Screen Equipment.</p> <p>Adjusting workstations or work procedures may help remove postural problems and risk of accidents.</p>

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
Noise	No specific risks associated with pregnancy or breast-feeding.	Complying with the requirements of the Control of Noise at Work Regulations should be sufficient to meet the needs of new and expectant mothers.
Ionising radiation	Significant exposure can harm the foetus, and this is recognised by placing limits on the external radiation dose to the abdomen of the expectant mother for the declared term of her pregnancy. Exposure can be by direct irradiation of the abdomen or by the mother ingesting or breathing contaminated dust and passing it across the placenta. A breastfed child could also be exposed to radiation through contamination of its mother's milk.	Reduce exposure to as low as practicable and follow statutory dose limits for pregnant women. Breast-feeding mothers should avoid work with radioactive liquids or dusts.
Optical radiation	No increased risk.	
Electromagnetic fields	No specific risks to new or expectant mothers. However, extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature.	Exposure to electric and magnetic fields should not exceed the restrictions on human exposure published by the National Radiological Protection Board.

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
Hyperbaric atmospheres, for example pressurised enclosures and underwater diving.	The risk of developing the bends is slightly increased in those that have recently given birth. Severe foetal damage from gas bubbles is possible.	Pregnant women should not work in compressed air and should not dive.
Display Screen Equipment	Levels of ionising and non-ionising radiation generated by display screen equipment are well below international recommendations for limiting health risks. 'The National Radiological Protection Board does not consider such levels to pose a significant risk to health'. There is no evidence of any link between miscarriages or birth defects and working with display screen equipment.	Pregnant women do not need to stop working with display screen equipment. However, because anxiety has been well publicised and is widespread, they should be given the opportunity to discuss their concerns with someone who is adequately informed of current scientific information and advice. This could be the PHP H&S Consultants or Head of HR & OD.

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
<p>Any Biological agent of hazard groups 2,3,4 (Categorisation of biological agents according to hazard and containment - Advisory Committee on Dangerous Pathogens).</p>	<p>Many biological agents in hazard groups 2, 3 and 4 can affect the unborn child if the mother is affected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, for example through breast feeding or through close physical contact between mother and child. Examples of agents where the child might be infected in one of these ways are hepatitis B, HIV (the AIDS virus), herpes, TB, syphilis, chickenpox, and typhoid. For most workers, the risk of infection is not higher at work than from living in the community; but in certain occupations, exposure to infections is more likely, for example laboratory workers, health care, people looking after animals and dealing with animal products.</p>	<p>Action will depend on the risk assessment which should take into account the nature of the agent, how the infection is spread, how likely contact is, and what control measures there are. These may include physical containment, hygiene measures, use of available vaccines if exposure justifies this. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant employee to avoid exposure altogether.</p>

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
<p>Biological agents known to cause abortion of the foetus, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.</p>	<p>Some agents such as rubella (German measles) and toxoplasma can harm the foetus, as can some other biological agents, for example cytomegalovirus (an infection common in the community) and chlamydia in sheep. The risk of infection are generally no higher for employees than others, except in those exposed occupations (see above).</p>	<p>See above</p> <p>Vaccination should be considered in the case of rubella if needed - employees should discuss this with their own GP. Good hygiene should be practised on farm visits. Pregnant employees should avoid contact with pregnant ewes.</p>
<p>Chemical agents</p>	<p>There are some 200 substances labelled with risk phrases such as:</p> <p>R40: Possible risks of irreversible effects</p> <p>R45: may cause cancer</p> <p>R46: may cause heritable genetic damage</p> <p>R61: may cause harm to the unborn child</p> <p>R63: possible risk of harm to the unborn child</p> <p>R64: may cause harm to breast fed babies</p> <p>The actual risk to health of these substances can only be determined following a risk assessment of a particular substance at the place of work - i.e. although substances listed may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is below a level which might cause harm.</p>	<p>With the exception of lead (see below) and asbestos these substances all fall within the Scope of COSHH. For work with hazardous substances which include chemicals which may cause heritable genetic damage, managers are required to assess the health risks to employees arising from such work, and where appropriate prevent or control the risks. In carrying out assessments managers should have regard for women who are pregnant, or who have recently given birth.</p> <p>Further advice and guidance is contained in the Poole Housing Partnership - Control of Substances Hazardous to Health Policy Statement.</p>

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
Mercury and derivatives	Organic mercury compounds may adversely affect the development of the foetus. There is no clear evidence of adverse effects of metallic mercury or inorganic mercury compounds. The effects on the child of exposure of a breastfeeding mother to mercury and its compounds are unknown.	<p>Guidance Notes:</p> <p>EH 17: <i>Mercury - Health and Safety precautions</i></p> <p>MS 12: <i>Mercury - Medical surveillance</i></p> <p>Give practical advice on risks of working with mercury and how to control them.</p>
Carbon monoxide	Carbon monoxide readily crosses the placenta and can result in adverse effects on the foetus. Pregnant women may be at heightened susceptibility. There is no evidence that breastfed babies suffer adversely if their mothers are exposed to carbon monoxide.	HSE's guidance note EH40 series: <i>Carbon monoxide</i> - gives practical advice on the risks of working with carbon monoxide and how to control them. It warns that pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide.
Lead and lead derivatives	High-level exposure to lead - as was common in the early 1900s - results in high frequencies of spontaneous abortion, stillbirth and infertility. Low-level exposure may reduce intellectual performance of the child. Lead can also enter breast milk.	Maximum permissible blood lead levels are lower for women of reproductive capacity than for men. (Once pregnant, women who are subject to statutory medical surveillance under the Control of Lead at Work Regulations (2002) will normally be suspended from work by the Employment Medical Adviser or Appointed Doctor.

Hazardous agent	Risks to new / expectant mother or her child	Suggested action
<p>Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin). This includes some pesticides.</p>	<p>The HSE guidance booklet EH40 Occupational exposure limits, updated annually, contains tables of inhalation exposure limits for certain hazardous substances. Some of these substances can also penetrate intact skin and become absorbed into the body, causing ill-health effects. These substances are marked 'Sk' in the tables.</p> <p>As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties. Absorption through the skin can result from localised contamination, for example from a splash on the skin or clothing, or in certain cases, from exposure to high atmospheric concentration of vapour.</p>	<p>Take special precautions to prevent skin contact. Where possible, use engineering methods to control exposure in preference to personal protective equipment, such as gloves, overalls or face shields. Where personal protective equipment (either alone or in combination with engineering methods) is necessary, ensure that it is suitable.</p> <p>The Control of Pesticides Regulations 1986 (COPR Amended 1997), sets out general restrictions on the way that pesticides can be used. Conditions may be put on the way that products can be used (for example restrict the way that it can be applied), require that certain safety precautions are followed, and restrict who may use it (for example professionals or amateurs). These conditions are reflected on the product label, and failure to comply is an offence.</p>

APPENDIX B

ASPECTS OF PREGNANCY THAT MAY AFFECT WORK

Apart from hazards listed in the table, there are other aspects of pregnancy that may affect work. The impact will vary during the course of the pregnancy and managers should keep these effects under review, for example the posture of expectant mothers changes to cope with increasing size.

Aspects of pregnancy	Factors in work
Morning sickness	Early shift work Exposure to nauseating smells
Backache	Standing/manual handling/posture
Haemorrhoids	Working in hot conditions
Frequent visits to toilet	Difficulty in leaving job/site of work
Increasing size	Use of protective equipment Work in confined areas Manual handling
Tiredness	Overtime Evening work
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting workspaces