

KCC Health and Safety Standard

Pregnant Workers and New Mothers



Introduction

We have a duty to protect pregnant workers and new mothers. Employers are responsible for providing a safe working environment while effectively managing risks to the health and safety of all workers, including women of a childbearing age.

It is important for employers to support all pregnant workers and new and mothers equally.

If you employ agency or temporary workers who are pregnant or new mothers, you will have duties under health and safety law. For Health and Safety purposes they should be treated no differently to other workers.

Workplace Safety Law

The Management of Health and Safety at Work Regulations 1999 (MHSWR) implement the health and safety requirements of the Pregnant Workers Directive (92/85/ECC) into UK law.

The specific health and safety requirements relating to pregnant workers and new mothers are mainly contained in regulations 16 to 18.

- **regulation 16** requires employers to manage the risks to women of a child-bearing age whose work could involve risk, by reason of her condition, to the health and safety of a new and expectant mother, or to that of her baby, from any processes or working conditions, or physical, biological or chemical agents.

Assessments of the risks encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.

- **regulation 17** covers advice from a doctor or midwife if night work will affect the health of pregnant workers and new mothers.
- **regulation 18** explains the employers' duties once notified a worker is pregnant, has given birth in the last 6 months or is breastfeeding.

The Workplace (Health Safety and Welfare) Regulations 1992

- **regulation 25** states that employers must provide a suitable place for pregnant and breastfeeding workers to rest.

Who should follow this health and safety standard?

Employer's responsibility – In the case of any workplace, it is the employer's responsibility to meet the requirements of applicable health and safety legislation.

Anyone who has a responsibility for a pregnant worker, or a new mother should be aware of and adhere to this standard which has been implemented to ensure that Kent County Council meets its legal statutory requirements.

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Management responsibilities expectations within KCC:

Directors, Heads of Service, Managers, School Leaders and Supervisors

are responsible for ensuring the health, safety, and welfare of all pregnant workers and new mothers and must follow the management requirements outlined below:

Management requirements:

- refer to any KCC policies, procedures and guidance outlined in this standard alongside any other relevant documents which are available on the Health & Safety A-Z Guidance list which is available on KNET or KELSI (*for schools*)
- assess the risks for all workplace hazards and work activities for a pregnant worker or new mother
- ensure that an individual specific risk assessment is completed for a pregnant worker or a new mother (appendix 1)
- implement controls to either eliminate all significant risks to a pregnant worker or new mother, or reduce them to a safe acceptable level
- communicate and share the information contained within the specific risk assessment with both the worker and any other relevant staff member who needs to know what controls have been put in place to ensure the safety of the worker
- regularly review and update the worker's individual specific risk assessment as the pregnancy progresses and make any necessary changes as required
- contact your directorate health and safety adviser for any further advice and guidance for any complex hazards/risks to pregnant workers or new mothers where required.

When completing a specific individual risk assessment, managers must:

- review existing general risk management and controls for pregnant workers and new mothers
- talk to the worker to see if there are any conditions or circumstances with their pregnancy that could affect their work
- discuss any concerns they have about how their work could affect them or their unborn child
- take account of any medical recommendations provided by the pregnant worker or new mother which has been given by their doctor or midwife.
- discuss provision for a suitable area where pregnant workers and breastfeeding workers can rest
- consider measures to take if personal protective equipment is no longer suitable or safe to use for the pregnant worker or new mother (particularly as your worker's pregnancy progresses)
- discuss arrangements for a breastfeeding worker to include, where this can be undertaken and where she can store her expressed milk whilst at work

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- record your findings on the specific individual risk assessment (appendix 1) and share this with your worker and explain how you will keep them and their unborn child safe
- consult with the worker's safety representative or trade union if they have one

Managers must regularly review a pregnant worker's individual risk assessment and make any necessary adjustments:

- as the pregnancy progresses
- if there are any significant changes to your worker's activities or workplace
- working conditions present a risk and affect your worker

Pregnant workers and new mothers can work nights, provided the work involved presents no risk to the health and safety of the pregnant worker or their unborn child.

Managers should offer suitable alternative day work, on the same terms and conditions, when:

- the worker's specific individual risk assessment has identified a risk from night work
- the worker's doctor or midwife has provided a medical certificate stating they should not work nights

If it is not possible to provide alternative day work, you must suspend them from work on paid leave for as long as necessary. This is to protect their health and safety and that of their child.

The why, what and how

Pregnancy should not be equated with ill health. It is part of everyday life, and the health and safety implications can be adequately addressed by normal health and safety management.

Pregnant workers and new mothers apply to workers who:

- are pregnant
- have given birth within the last six months, or
- are breastfeeding

Some hazards in the workplace may affect the health and safety of pregnant workers and their unborn child and new mothers.

In most cases the hazards which a particular workplace or workplace activity presents, do not change because of pregnancy, however the mother and unborn child may become more vulnerable.

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Employer's responsibilities commence from the time we are notified of the pregnancy and extends to six months after the birth - and all the time the mother is breastfeeding.

Workers who find they are pregnant should tell their line manager as soon as possible in writing and the manager must notify Human Resources in writing without delay.

Managers can ask a worker to provide a certificate from their doctor or midwife to confirm they are pregnant; however, they must allow a reasonable amount of time for a worker to complete all necessary medical tests.

Most women work while they are pregnant and many return to work while still breastfeeding. Some hazards in the workplace may affect the health and safety of pregnant workers and their unborn child or a new mother.

Managers must work with the pregnant worker or new mother to remove, reduce, or control any risks they identify that could harm a worker or their unborn child during pregnancy or when a new mother is breastfeeding.

Managers should complete the:

- **Pregnant Workers and New Mother's Risk Assessment template** (appendix 1) which is available on the Health & Safety A-Z Guidance list on KNET/KELSI and is outlined within this standard at the end of the document.

The pregnant workers and new mother's risk assessment template is the template to be used to record your specific individual risk assessment for your worker.

- Managers should refer to the **guidance section** within this standard which outlines the common risks to pregnant workers or new mothers when completing the individual specific risk assessment.

When completing the risk assessment, managers must take account of medical advice provided by the pregnant worker's doctor or midwife, this might require you to adjust the working conditions or working hours if your worker

- has any pregnancy-related medical conditions
- the worker's doctor has advised that the worker should not work nights

Managers must inform their worker about the safety measures they have put in place to ensure that the worker can continue to work safely. The manager might discuss this directly with the worker or with the worker's safety representative (if they have one).

Guidance Section for risks to pregnant workers or new mothers

The most common risks from working conditions for pregnant workers and new mothers is outlined below, however this is not an exhaustive list – you must think

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about specific hazards and controls required for the specific work environment and work activities undertaken.

Posture and position

Pregnant workers and new mothers could be more prone to injury, which may not become apparent until after birth.

Postural problems can occur at different stages of pregnancy, and on returning to work, depending on the individual and their working conditions.

Pregnant workers and new mothers should ensure that they are not:

- sitting or standing for long periods
- lifting or carrying heavy loads
- using a workstation that causes a posture issue

Working conditions

Working conditions could present a risk to mother and/or child at different stages. As the pregnancy progresses, it may affect a worker's:

- dexterity
- agility
- coordination
- speed of movement
- reach

Long hours, shift work and night work can have a significant effect on the health of pregnant workers, new mothers and their children. They may also be particularly vulnerable to work-related stressors.

Risk of physical injury

Some work carries the risk of physical injury, and the consequences for pregnant workers and new mothers can be more serious.

Checks should be made to see whether extra control measures may need to be implemented to protect pregnant workers when:

- working at height
- working alone
- at risk of work-related violence
- exposed to shocks or vibrations

Lone working

Lone working does not always mean a higher risk, but it does make workers more vulnerable. The lack of nearby support makes it harder for them to prevent an incident.

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Managers should assess the areas of risk for a pregnant worker or a new mother when lone working to include:

- medical suitability to work alone
- workplace environment
- violence
- manual handling
- operating equipment/machinery
- driving
- emergency procedures
- first aid access
- communication

Not all workers will be affected in the same way, but mental and physical fatigue generally increase during pregnancy and following birth. Managers should assess the risk posed by:

- work-related stress
- temperature
- noise

Exposure to harmful substances

Many chemical and biological agents can cause harm to pregnant workers or new mothers. They can also be passed on to their child during pregnancy or breastfeeding.

These could include:

- lead
- radioactive material
- toxic chemicals like mercury and pesticides
- infectious diseases
- antimitotic (cytotoxic) drugs

Personal protective equipment

Personal protective equipment (PPE) is often not designed for pregnant workers.

Checks must be made to ensure that any PPE provided will be safe and comfortable for pregnant workers to use, especially as the pregnancy progresses. Consider measures to take if the PPE is no longer suitable, such as changing the work activity.

Rest and breastfeeding at work

A suitable area where pregnant workers and breastfeeding workers can rest must be provided.

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It should:

- include somewhere to lie down if necessary
- be hygienic and private so they can express milk if they choose to – toilets are not a suitable place for this
- include somewhere to store their milk, for example a fridge

Some work presents an extra risk for breastfeeding workers and their child. This includes working conditions that could expose them to organic mercury, radioactive material or lead.

Consideration of these risks will need to be assessed in the worker's individual risk assessment for as long as they wish to continue breastfeeding.

Managers responsibility for significant risks that cannot be controlled

If it is identified a significant risk could cause harm to the pregnant worker and their unborn child and those risks cannot be controlled or removed, managers must do the following:

1. adjust working conditions or hours to avoid the risk (if the working conditions/hours cannot be adjusted) then
2. offer the pregnant worker suitable alternative work - the work must be suitable and appropriate and on the same terms and conditions, including pay as outlined in the Employment Rights Act 1996
3. if this is not possible, you must suspend the worker on full pay in line with the Management of Health and Safety at Work Regulations 1999 to protect the worker's health and safety or that of her unborn child.

Legal requirement

- Health and Safety at Work etc Act 1974 (HASAWA)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Confined Spaces Regulations 1997
- Control of Asbestos Regulations 2012
- Control of Lead at Work Regulations 2002
- Control of Noise at Work Regulations 2005
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Control of Vibration at Work Regulations 2002
- Dangerous Substances and Explosive Atmospheres Regulations 2002
- Health and Safety (Display Screen Equipment) Regulations 1992
- Driving at Work Regulations 1997
- Electricity at Work Regulations 1989
- Gas Safety (Management) Regulations 1996
- Health and Safety (First Aid) Regulations 1981
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

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- Manual Handling Operations Regulations 1992
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- The Ionising Radiation Regulations 2017
- Work at Height Regulations 2005

Note: this list is not exhaustive, and the organisation acknowledges and accepts its responsibilities and duties set out under any other relevant legislation and expects its employees to do likewise.

Appendices

- Appendix 1 - HS207 Risk Assessment – Pregnant Workers and New Mothers (available at the end of this standard as well as on KNET/KELSI)

KCC useful Health and safety guidance and risk assessment templates are available on KNET or KELSI (*for schools*)

- Accident/Incident Reporting guidance
- Blood Borne Viruses - Principles of Infection Control
- HSS 015 Biological Hazards; Needles, Sharps and Syringes Standard
- Universal precautions and hand hygiene
- HSP 039 Animals at Work XL Bully procedure
- HS200 Risk Assessment template - Generic 5 Steps
- HS201 Risk Assessment template – COSHH
- HS203 Risk Assessment template - Manual Handling of Inanimate Objects
- HS204 Risk Assessment template - Movement and Handling of Persons
- HS205 Risk Assessment template - Lone Working and Personal Safety
- HS206 Risk Assessment template - Working at Height
- HS207 Risk Assessment - Pregnant Workers and New Mothers
- HS208 Risk Assessment template - Working at Home
- HS212 Risk Assessment template - Young and Vulnerable Person/s
- HS214 Display Screen Workstation Assessment form
- HS299 Risk Assessment template - Dangerous Substances and Explosives Atmosphere
- HSS 012 Personal emergency evacuation plan standard
- HSS 012 Personal emergency evacuation plan forms procedure
- HS310 PEEP - Generic Non-Specific PEEP
- HS310e PEEP - Generic Non-Specific PEEP Example
- HS311 PEEP – Mobility impaired persons
- HS312 PEEP – Visually impaired persons
- HS313 PEEP – Children and young people
- Lone Working and Personal Safety guidance
- Managing Noise at Work guidance
- Manual Handling guidance and Frequently Asked Questions
- Manual Handling policy and procedures

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- Managing Stress at Work policy
- Personal Protective Equipment Guidance
- Checklist for PPE
- Preventing Slips/Trips/Falls in the Workplace guidance
- Temperatures at Work guidance
- Travelling for Work guidance
- Travelling for Work Risk Assessment Prompt Sheet
- Working Safely in Confined Spaces
- Working Safely with Hazardous Substances

Other useful documents

- Kent Scheme terms and conditions
- Family Leave Information Pack

For any further relevant health and safety guidance visit the HSE website on www.hse.gov.uk

Additional information

As well as health and safety law, pregnant workers and new mothers have other rights when they are at work. The Equality Act 2010 makes it unlawful to dismiss or discriminate against a worker because they are pregnant, on maternity leave, or a new mother that is breastfeeding. Protections from discrimination commences from when the worker notifies management that they are pregnant and continues for up to 18 months after the baby's date of birth. Breaches in health and safety law may also be discrimination under the Act, depending on the circumstances. The Act requires no length of service qualification and gives protective rights to a broad range of workers, including contract, agency and apprentice workers. A breach of the act could lead to civil liability.

The KCC Family Leave Information pack outlines that workers are entitled to a reasonable amount of paid time off for ante-natal care which, in addition to medical examinations, may include relaxation and parent craft classes, if these are advised by a registered medical practitioner, midwife or health visitor. Apart from the first appointment, managers can ask for the worker to produce an appointment card, or similar documents, showing appointments.

Summary

This standard is in place to ensure all employees and others who may work on behalf of KCC are working to the same expected health and safety practices throughout the organisation. This will ensure consistency in our management of controls to reduce risks and meet our statutory legal requirements.

For health and safety advice and support contact the Health and Safety Team by emailing healthandsafety@kent.gov.uk or telephone 03000 418456.

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Appendix 1 – Risk Assessment – Pregnant Workers and New Mothers

Step 1

The assessment should be completed first, this will help you to identify any hazards to the pregnant worker or new mother.

Step 2

Where you have identified there is a hazard and assessed the risk to the pregnant worker or new mother, enter this onto the risk assessment action plan, where you will then be able to put any control measures in place to eliminate the risk, or reduce it to an acceptable safe level.

Note

This assessment is not exhaustive, other issues with the pregnant worker or new mother's working conditions, or workplace environment may need to be considered.

The risk assessment should be reviewed on a regular basis throughout the pregnancy and when a new mother returns to work so that any necessary control measures are put in place.

Worker's name:	
Job title:	
Service/school:	

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Job role description	<i>(outline the role type of the worker, e.g. office worker, field-based worker, community-based worker, or other role type and provide a summary of general work activities undertaken)</i>		
Form completed by:			
Line manager's name:			
Date form completed:			
Review date:			
Recommendations made by the Doctor and/or Midwife:			
1. Display screen equipment (DSE)		Yes/No	Further action required
1.1	Does the worker use a computer for prolonged periods of time?		
1.2	Is the DSE work equipment/furniture suitable and sufficient for the worker so that they can work in the correct ergonomic sitting position?		
1.3	Have DSE risk assessments been completed for the worker for all relevant workplace environments, e.g. office, home, field working?		
<u>Risk</u> Due to increasing size and reduced mobility, dexterity and balance during pregnancy, a pregnant workers workstation or work area, may be an inappropriate size, layout, or have insufficient space for the worker		<u>How to avoid the risk</u> DSE assessments should be revised and regularly monitored throughout the pregnancy to avoid problems caused by stress, anxiety and workstation size and set up.	
2. Driving for work		Yes/No	Further action required
2.1	Does the worker undertake regular driving as part of their job, such as to make home visits to clients or visiting other workplace establishments?		
<u>Risk</u>		<u>How to avoid the risk</u>	

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Travelling in the course of your work, and to and from the workplace can be problematic for expectant mothers, involving risks including:

- fatigue
- vibrations
- stress
- static posture
- discomfort
- road traffic collisions
- parking – (restrictive access/egress of vehicle as pregnancy increases)

These risks can have a significant effect on the health of new and expectant mothers.

KCC has travel for work guidance and a driving risk assessment prompt sheet which should be used when risk assessing all staff journeys where a significant risk is identified; this includes the risk associated with pregnancy.

New and expectant mothers should avoid sitting in static postures for prolonged periods. Additionally, as pregnancy progresses space in the car may become increasingly restrictive and uncomfortable for the expectant mother.

Prolonged periods of vibration should also be avoided.

Consider suitable allocated parking space if the pregnant worker has specific medical considerations or is unable to easily get in and out of the vehicle as the pregnancy progresses.

Avoid parking in isolated areas (consider vulnerability from a personal safety point of view)

3. Lone working

- | | |
|-----|---|
| 3.1 | Does the worker work alone in the building or out in the community? |
| 3.2 | Are control measures in place for lone working? Such as a personal safety alarm, mobile phone, the use of a buddy system? |

Yes/No

Further action required

Risk

Pregnant workers are more likely to need urgent medical attention.

How to avoid the risk

Avoid lone working if risks cannot be controlled to an acceptable safe level.

Location, frequency and working patterns of lone working should be reassessed as part of the pregnant worker or new mother's risk assessment.

Plan your walking/driving route in advance.

Do not work in remote locations or areas where there may be difficulty in being able to communicate with someone should there be an emergency.

Avoid parking in remote locations or car parks that are

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		undercover and poorly lit or are deemed to be in a high-risk area. Ensure that valuable items being carried are not on display. (laptops/mobile phones) Ensure there is a sufficient system in place to confirm the worker has come to no harm after undertaking a lone working activity.	
4. Manual handling		Yes/No	Further action required
4.1	Is the worker expected to carry or move heavy loads?		
4.2	Is the worker expected to carry or move children or adults?		
4.3	Has the worker received manual handling training and is aware of safe moving and handling techniques?		
4.4	Has a moving and handling risk assessment been completed for the worker and has it has considered the use of moving and handling aids to reduce manual handling risks?		
4.5	Does the worker experience backache associated with moving and handling activities and poor work postures?		
<u>Risk</u> <p>Expectant mothers are especially at risk from moving and handling injuries.</p> <p>Hormonal changes can affect the ligaments, increasing susceptibility to injury, and postural problems may increase as the pregnancy progresses.</p> <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 on moving and handling capability.</p>		<u>How to avoid the risk</u> <p>Alter the nature of the task to eliminate or reduce risks from moving and handling. This could be for all workers and should include pregnant workers and new mothers.</p> <p>You may have to address the needs of the pregnant worker or new mother, specifically reducing the amount of physical work undertaken, or provide mechanical aids to reduce the risks to an acceptable safe level. (e.g. trolley, sack barrow, hoists) etc.</p>	
5. Physical agents		Yes/No	Further action required
5.1	Is the worker exposed to whole body vibration e.g. from machinery?		
5.2	Is the worker exposed to excessive noise e.g. from noisy machinery?		
5.3	Is the worker expected to work in awkward/confined spaces?		

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5.4	Is the worker exposed to excessive heat?		
5.5	Is the worker exposed to excessive cold?		
5.6	Does the worker have to sit or stand for long periods of time?		
Risk Confined spaces – Working in confined spaces, or at workstations which do not adjust sufficiently to take account of the increased abdominal size, particularly during the later stages of pregnancy. This may lead to sprain or strain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired, and an increased risk of accidents may need to be considered. Sitting – Prolonged sitting during pregnancy poses a relatively high risk of thrombosis or embolism. In the later stages of pregnancy, women are likely to experience backache, which can be intensified if the worker remains in a static position for a prolonged period. Standing – Standing for a prolonged period, may cause dizziness, faintness, and fatigue. Extremes of heat and cold – Expectant mothers that are exposed to prolonged periods in hot environments are at a far greater risk of suffering from heat stress. Breastfeeding may be impaired by heat dehydration. Working in extreme cold may pose a hazard for expectant mothers and their unborn child. These risks are particularly increased if there are sudden changes in temperature.		How to avoid the risk Confined spaces – Pregnant workers should avoid working in confined spaces particularly during the later stages of pregnancy. Introduce or adapt work equipment. Redesign the job content. Redesign the workstation and/or work area. Sitting – Avoid sitting for prolonged periods. Pregnant workers should have the opportunity to alternate between standing and sitting and to exercise/move to maintain healthy circulation. Regular rest breaks should be provided. Standing – Avoid standing for prolonged periods of time. Extremes of heat and cold – Relocation if possible or adjustment to working hours should be investigated. Adequate rest breaks and unrestricted access to drinking water should be provided. The provision of a desk fan may be necessary. New and expectant mothers should drink water before they get thirsty, preferably in small and frequent volumes.	
6. Slips, trips and falls		Yes/No	Further action required
6.1	Is the worker's working environment free from slips trips and fall hazards?		
Risk Major/minor injuries because of slips/trips/falls could cause injury both to mother and baby.		How to avoid the risk - ensure there are no loose/trailing cables in working environment - clear any spillages on floor/stairs	

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		<ul style="list-style-type: none"> - awareness of environment, e.g. changes in floor levels and floor surfaces, particularly from wet to dry floors. - avoid walking in poorly lit areas - hold handrails when walking downstairs - wear appropriate footwear - avoid walking in severe weather conditions such as snow/ice - take sensible precautions when using mobile phones, e.g. texting, and walking at the same time - do not obscure vision when carrying objects. 	
7. Violence and aggression		Yes/No	Further action required
7.1	Is the worker exposed to potentially violent situations from: <ul style="list-style-type: none"> • children • adults • members of the public • animals 		

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Risk

If a worker is exposed to the risk of violence at work during pregnancy and receives an injury from physical harm, this could lead to miscarriage, premature delivery and underweight birth and may affect the worker's ability to breastfeed their child.

Persistent verbal abuse or threats can also have a serious effect on the pregnant worker's mental health as well as the unborn baby who is more likely to be born early and be small.

Animal attacks arising from an aggressive/unpredictable animal could cause the following:

- a fatal injury
- significant injury
- minor injury
- fear
- stress
- anxiety

How to avoid the risk

All face-to-face contact with service users where there is believed to be a significant risk above that identified by the generic risk assessment must be risk assessed.

Change the design of the job, avoid lone working, remove/reduce the face-to-face client contact, reassign difficult cases.

A pregnant worker will need to avoid the risks arising from an aggressive animal when meeting service users face to face in a service user's home, a community setting, school or any other similar environment.

If you cannot significantly reduce the risk of violence, you should offer the expectant mother or new mother suitable alternative work.

8. Welfare

		Yes/No	Further action required
8.1	Is there a rest room or a suitable area for the worker to rest?		
8.2	Has the worker received any advice from the doctor or midwife that has any bearing on her role?		
8.3	Are there any other specific welfare issues mentioned by worker?		
8.4	Is the worker able to take regular breaks?		
8.5	Is the worker able to take a comfort break when needed?		
8.6	Does the worker suffer from nausea/vomiting or hyperemesis		

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	<p>gravidarum (severe vomiting)?</p> <p>This may be particularly relevant where early morning shifts are worked, though sickness or vomiting can happen at any time of the day or night or where there may be exposure to nauseating smells.</p>		
8.7	The worker's posture is also significant if varicose veins and/or haemorrhoids develop – the latter also being linked with a hot work environment.		
8.8	Can pregnant workers and nursing mothers frequently re-hydrate?		
8.9	Do nursing mothers have a facility for privately expressing milk?		
8.10	Are there suitable facilities for a nursing mother to store their expressed milk whilst at work?		
<p><u>Risk</u></p> <p>Rest facilities – Tiredness increases during and after pregnancy and may be exacerbated by work related factors.</p> <p>Hygiene facilities – Because of pressure on the bladder and other changes associated with pregnancy, expectant mothers will often have to go to the toilet more frequently and urgently than others. Breastfeeding women may also need to, due to the increased fluid intake to promote breast milk production.</p>		<p><u>How to avoid the risk</u></p> <p>Rest facilities – There must be facilities to sit or lie down in comfort and in privacy. Access to drinking water should also be available.</p> <p>Hygiene facilities – If necessary, measures should be put in place to ensure that the pregnant worker or new mother new can leave their workstations at short notice.</p> <p>Pregnant workers should familiarise themselves with the locations of suitable toilets facilities when working in an office environment or when working out in the community.</p>	
9. Working at Height		Yes/No	Further action required
9.1	Does the worker have to conduct any work that requires them to work from height e.g. putting up displays, ladder use?		
<p><u>Risk</u></p> <p>It is hazardous for pregnant workers to work at height, this includes short duration work from ladders, stepladders, or footstools.</p>		<p><u>How to avoid the risk</u></p> <p>Working at height should be avoided by pregnant workers. Pregnant workers should do as much work as possible from the ground. Use extendable tools from ground level if you have identified that it is safe to do so.</p>	
10. Stress at work		Yes/No	Further action required

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10.1	Is the worker exposed to undue pressure?		
10.2	Has a management standards risk assessment been carried completed?		
Risk Pregnant workers and new mothers can be particularly vulnerable to occupational stressors for a variety of reasons: <ul style="list-style-type: none"> • hormonal, physiological, and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, anxiety, or depression • financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy • it may be difficult to organise work and private life, especially with long, unpredictable, or unsocial working hours or where other family responsibilities are involved. <p>Stress is associated in some studies with increased incidence of miscarriage and with impaired ability to breastfeed.</p> <p>Where women have recently suffered loss through stillbirth, miscarriage, adoption at birth, or neonatal death, they will be especially vulnerable to stress, as will women who have experienced serious illness or trauma associated with pregnancy or childbirth.</p>		How to avoid the risk The KCC Managing Stress at Work Policy requires all teams to conduct and record a management standards workplace risk assessment. If individuals are experiencing stress, then an individual management standards risk assessment should be completed. The KCC Managing Stress at Work Policy details initiatives, sources of advice, training, and support systems available to staff. Protective measures may include adjustments to working conditions or working hours. Ensure that the necessary understanding, support and recognition is available to the pregnant worker during her confinement and when she returns to work, whilst ensuring that her privacy is also respected.	
11. Biological		Yes/No	Further action required
11.1	Is the worker exposed to any infectious diseases particularly the following: <ul style="list-style-type: none"> • swine flu • coronavirus disease (covid 19) • rubella (measles)chickenpox • shingles • slapped cheek disease • chlamydia psittaci (from lambs) 		

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	<p>other (specify).</p> <p>For more information on infectious diseases refer to the UK Health Security Agency (formally Public Health England) guidance: Managing specific infectious diseases: A to Z which can be found on www.gov.uk</p>		
11.2	Is the worker exposed to any bodily fluids?		
<p>Risk</p> <p>The level of risk will depend on the type of work conducted, the infectious disease the worker is exposed to and the control measures in place. There will be an increased risk of exposure to staff who have contact with:</p> <ul style="list-style-type: none"> • human blood and body fluids • infected animals including parrots, turkeys, pigeons, ducks, cats, rodents, and sheep as well as household pets. • laboratory cultures • water or food contaminated by human or animal faeces • first aid duties. <p>Usually during pregnancy, women are no more likely to catch an infection than at other times, however in some cases, the infection may be more severe in pregnancy. It is important to remember that if the mother does become infected, some infections may be dangerous for the unborn child.</p>		<p>How to avoid the risk</p> <p>When assessing the infection risks to all staff the following should be considered:</p> <ul style="list-style-type: none"> - the types of infection likely to be transmitted at work - the possible sources of infection - the likelihood of a source of infection i.e. a pet or service user who is infected and presents a risk - the number of various sources of infection that staff may encounter, and how often it may occur - the control measures already in place to protect including PPE - the medical history of the worker - the history of previous infection or immunisation - the need for suitable information, instruction and training for workers which may help them to prevent or reduce the risk from infection. <p>Guidance on infections that are known to present a risk to the foetus and new-born baby are detailed in the HSE publication 'Infection Risks to new and expectant mothers in the workplace'. www.hse.gov.uk</p>	
12. Chemical agents		Yes/No	Further action required
12.3	Is the worker exposed to any chemical agents? (Check COSHH risk		

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	assessments and Safety Data Sheets)		
12.4	Is the worker exposed to cigarette or vaping smoke?		
12.5	Is the worker exposed to Ionising Radiation? (Work procedures should be designed to keep exposure of the expectant mother as low as reasonably practicable and certainly below the statutory dose limit for expectant mothers).		
Risk Hazardous substances – Some substances are classified with the following warnings: - R61 may cause harm to the unborn child, R63 risk of harm to the unborn child and R64 may cause harm to breastfed babies. However, the actual risk to health of these substances is determined by how they are used in the workplace. Ionising radiation – Significant exposure to ionising radiation can be harmful to the foetus. There may also be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta. If nursing mothers work with radioactive liquids or dusts, these can cause exposure to the child, particularly through contamination of the mother's skin. Smoking and E-Cigarette Policy KCC operates a no smoking policy, whereby smoking and the use of e-cigarettes or vaping is not allowed in any of our buildings or establishments for the health, safety and well-being of our staff and visitors.		How to avoid the risk Hazardous substances – All hazardous substances should have a COSHH risk assessment in place which identifies the hazards and precautions that must be taken when using the chemical and staff must be familiar with its content. Assess whether the pregnant worker or the new mother should avoid using any hazardous substances. COSHH data sheets should be supplied by the company supplying the product. Refer to all sections within the data sheet which will outline the details of all safety considerations for the chemical. Ionising radiation – Safe working practices should be designed to keep exposure of the pregnant worker or new mother as low as is reasonably practicable, and certainly below the statutory dose limit for pregnant women. Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination. They should not work in areas where the risk of contamination is high and therefore alternative work should be arranged.	
13. Any other issues		Yes/No	Further action required
13.1	Increasing size may present problems: consider personal protective clothing (PPE) and uniforms that may be worn by workers.		
13.2	Dexterity, agility, co-ordination, speed of movement and reach may all be impaired due to increasing size.		

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Further guidance and information to help you complete an expectant mother risk assessment can be obtained from the following sites:

KNET/KELSI:	The following free leaflets can be downloaded from the HSE website: www.hse.gov.uk
<ul style="list-style-type: none"> • Accident/Incident Reporting guidance • Blood Borne Viruses - Principles of Infection Control • HSS 015 Biological Hazards; Needles, Sharps and Syringes Standard • Universal precautions and hand hygiene • HSP 039 Animals at Work XL Bully procedure • HS200 Risk Assessment template - Generic 5 Steps • HS201 Risk Assessment template – COSHH • HS203 Risk Assessment template - Manual Handling of Inanimate Objects • HS204 Risk Assessment template - Movement and Handling of Persons • HS205 Risk Assessment template - Lone Working and Personal Safety • HS206 Risk Assessment template - Working at Height • HS207 Risk Assessment - Pregnant Workers and New Mothers • HS208 Risk Assessment template - Working at Home • HS212 Risk Assessment template - Young and Vulnerable Person/s • HS214 Display Screen Workstation Assessment form • HS299 Risk Assessment template - Dangerous Substances and Explosives Atmosphere • HSS 012 Personal emergency evacuation plan standard • HSS 012 Personal emergency evacuation plan forms procedure 	<ul style="list-style-type: none"> • COSHH – A brief guide to COSHH INDG136 • Confined spaces – INDG258 • Electrical safety and you – a brief guide INDG231 • Hand-arm vibration at work – a brief guide INDG175 • Infection risks to new and expectant mothers in the workplace • Manual handling at work – a brief guide INDG143 • Noise at work – a brief guide to controlling the risks INDG362 • Preventing slips and trips at work – a brief guide INDG22 • Workplace health, safety and welfare – a short guide for managers INDG244 • Working at height – a brief guide INDG401 • Working with display screen equipment (DSE) INDG36 • Working safely with ionising radiation – guidelines for expectant or breastfeeding mothers INDG334

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- [HS310 PEEP - Generic Non-Specific](#)
- [HS310e PEEP - Generic Non-Specific PEEP Example](#)
- [HS311 PEEP – Mobility impaired persons](#)
- [HS312 PEEP – Visually impaired persons](#)
- [HS313 PEEP – Children and young people](#)
- [Lone Working and Personal Safety guidance](#)
- [Managing Noise at Work guidance](#)
- [Manual Handling guidance and Frequently Asked Questions](#)
- [Manual Handling policy and procedures](#)
- [Managing Stress at Work policy](#)
- Personal Protective Equipment Guidance
- Checklist for PPE
- Preventing Slips/Trips/Falls in the Workplace guidance
- [Temperatures at Work guidance](#)
- [Travelling for Work guidance](#)
- Travelling for Work Risk Assessment Prompt Sheet
- [Working Safely in Confined Spaces](#)
- [Working Safely with Hazardous Substances](#)

If a risk has been identified against any of the above topics, the manager must indicate what action has been implemented to either remove the hazard or reduce the risk from the hazard to an acceptable safe level. All actions must be recorded in the Pregnant worker and new mother's risk assessment action plan which is at the end of this document.

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Pregnant worker and new mother's risk assessment action plan

Worker's name:		Establishment:	
Line manager's name:		Form completed by:	
Date completed:		Review date:	
Source of hazard	What control measures are in place now	Further action required and by whom (include reference to other assessments if applicable)	Date action completed