

New and Expectant Mothers at Work

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1. Purpose

To ensure all employees who become pregnant undergo a risk assessment as early in their pregnancy as possible and that all reasonable and practical measures are taken to avoid or reduce hazards to new and expectant mothers. This document outlines the health and safety responsibilities for staff who manage staff who are pregnant or are breastfeeding.

The guidance contains information on the main health and safety issues associated with staff pregnancy. A risk assessment action flowchart on actions to take once notified of a pregnancy. The hazards associated with work that may be relevant to a new or expectant mother, the controls to reduce the risks and the provision of rest facilities.

2. Legal Requirements

The law requires employers, such as the University, to assess the risks to their employees:

- [The Management of Health and Safety at Work Regulations 1999](#) (MHSW) includes new and expectant mothers and to do what is reasonably practicable to control the risks. The law explicitly requires that special attention is given to identifying and controlling risks that may affect women who are pregnant, who have given birth in the previous six months or who are breastfeeding. The objective is to avoid adverse effects being suffered either by the woman herself, by the foetus or by the new-born child.
- The Workplace (Health, Safety and Welfare) Regulations 1992 requires the University to provide rest facilities for new or expectant mothers.
- the Equality Act 2010 which provides protection to pregnant women and those on maternity leave against discrimination - depending on the circumstances, this can include failing to carry out a risk assessment under MHSW regarding a pregnant worker

Helpful guidance has been published by the Health and Safety Executive, "[New and Expectant Mothers at Work](#)" HSG122

To comply with the Regulations, the University, and therefore the School or Department, must ensure the following measures are implemented:

- a) A suitable and sufficient risk assessment be undertaken which should examine risks from any process or working conditions, including physical, biological or chemical agents; which may affect the health and safety of new and expectant mothers and that of their child. All risk assessments should include any specific risk to females of childbearing age who could become pregnant.
- b) Steps are taken to ensure that women in the above groups are not exposed to risks which would endanger their health and safety or that of their child.

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c) In the case of an individual employee, whose circumstances are such that compliance with relevant statutory requirements would not avoid risk to health and safety, the University must take the following actions:

- 1) temporarily adjust the employee working conditions and or hours of work – if that is not possible;
- 2) The employee should be offered suitable alternative work (at the same rate of pay) if available – if that is not feasible;
- 3) The employee should be suspended from work on paid leave for as long as necessary, to protect their health and safety, and that of the baby.

Working conditions generally considered acceptable may no longer be so during pregnancy and while breastfeeding. These risks will vary depending on the individual’s health and different stages of pregnancy.

3. Definition

A ‘new or expectant mother’ is a woman who is pregnant, has given birth within the last six months or is breastfeeding.

4. Responsibilities

New or Expectant Mothers

As a new or expectant mother you do not have to inform your employer that you are pregnant or breastfeeding. In the interests of yours and your child's health and safety, it helps your employer to support you if you provide them with written notification as soon as possible. We ask employees to notify their line manager (or where confidentiality is required, perhaps during the first few weeks of pregnancy, the School Safety Adviser), as soon as they are aware that they are pregnant.

Your responsibilities:

- Work with your line manager to resolve any issues arising from the New and Expectant Mothers Risk Assessment.
- If you have any queries about health and safety during or after your pregnancy, please contact your manager or your local health and safety adviser.

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Line Managers

Within this guidance Heads of School and Principal Investigators or their Professional Support equivalent are referred to as line manager.

Line managers are responsible for undertaking a risk assessment in relation to your condition, and if necessary, will discuss with you any steps needed to minimise risk. It is the responsibility of line managers to ensure that:

- Activities carried out within their area of control that may pose a significant risk to women of childbearing age are identified and that action is taken to minimise the potential for harm from these activities where appropriate.
- Information is provided to staff about the preventative and protective control measures implemented to reduce, remove or control risk.
- Assessments are completed and any necessary control measures to work are put in place and monitored.
- The [‘Display screen equipment \(DSE\) workstation checklist’](#) has been completed to highlight any significant risks that may be present at the new or expectant mothers’ DSE workstation and to ensure it is as comfortable as possible.
- The New and Expectant Mothers Risk Assessment is reviewed at regular intervals and on the mother’s return to work.

Occupational Health

Occupational Health can advise managers on individual cases or give confidential advice to members of staff. Occupational Health must be informed if a risk has been identified for appropriate medical advice, support and monitoring and any further recommendations regarding fitness and suitability for work.

Health and Safety Team

Health and Safety Team can provide advice to line managers to assist in the completion of outstanding issues arising from the risk assessment.

Human Resources

HR Business Partners should be contacted for any advice on maternity entitlements and provisions and to ensure all appropriate documentation is completed in relation to the pregnancy. Human Resources staff will also maintain the confidentiality of personal and or medical information, unless explicit written consent is given by the individual. For further information on Maternity Leave and Pay employees should seek advice from the [Human Resources website](#).

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5. Risk Assessment Process

The health and safety implications of pregnancy are adequately addressed by normal health and safety management procedures. There are, however, specific health and safety regulations which protect staff while they are pregnant, when they have recently given birth, and while breastfeeding. These relate largely to exposure to chemical and biological substances, and to certain extreme physical conditions.

Other specific risk assessments such as Display Screen Equipment (DSE), Control of Substances Hazardous to Health (COSHH) and Manual Handling may have to be reviewed.

New and Expectant Mothers Flowchart

When a member of staff has provided notice that they are pregnant or breastfeeding, they should follow the flowchart in **Appendix 1**. A suitable and sufficient risk assessment must be made of the work carried out by that person to ensure that they are not put at risk during and immediately after their pregnancy. Monitor task controls are followed during their work to ensure any risks associated with these are adequately controlled.

Guidance on hazards and control measures

Appendix 2 lists hazards and possible control measures that can be associated with the New or Expectant Mother.

New and Expectant Mothers Risk Assessment

The Guidance on hazards and control measures, **Appendix 2** should be used in conjunction for completing the New and Expectant Mothers at Work Risk Assessment form, **Appendix 3**.

Any outcomes of the risk assessment should be communicated to all those concerned. The outcome of the risk assessment may indicate an adjustment in work activities to remove the hazard for the period of pregnancy and breast-feeding.

6. Records and Review

The completed risk assessment must be stored locally within the employee's school or department in line with GDPR requirements and reviewed at suitable intervals during the pregnancy or period of nursing, and any adjustments made as necessary.

This assessment should be regarded as an ongoing process throughout the course of the pregnancy as the capabilities of the person involved may be significantly reduced as the pregnancy progresses (e.g. manual handling). The nature of the tasks they are required to do should be temporarily modified accordingly.

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7. Further Guidance

- [HSE New and expectant mothers web page](#)
- [HSE New and expectant mothers who work - A brief guide to your health and safety INDG373](#)
- [HSE New and Expectant Mother frequently asked questions](#)

The [Health and Safety web site](#) provides guidance on the hazards associated with the new and expectant mothers risk assessment.

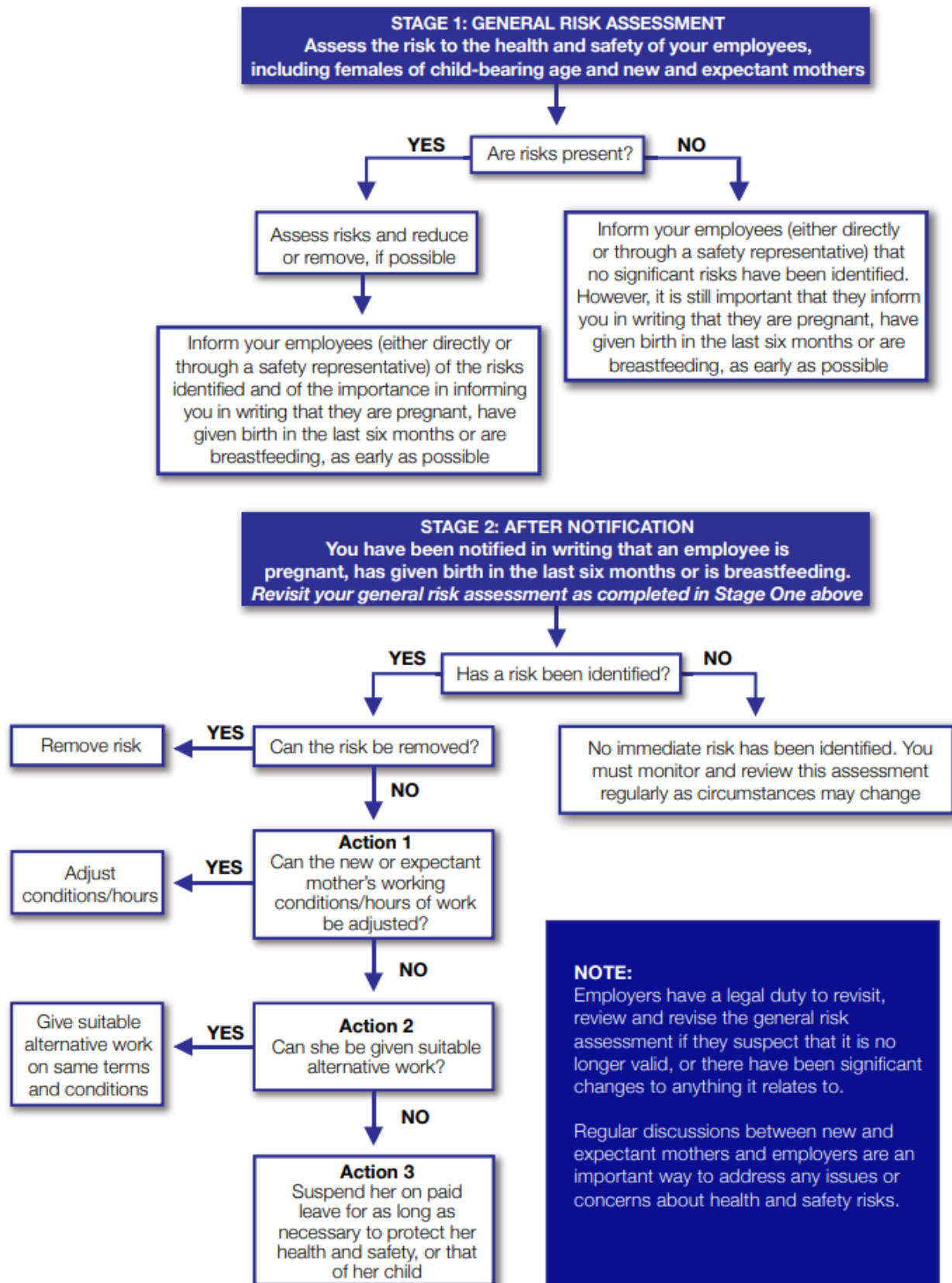
Legislation to protect the health and safety of new and expectant mothers at work, includes:

- Infections at work [Advisory Committee on Dangerous Pathogens - Infection risks to new and expectant mothers in the workplace - A guide for employers](#)
- Radiation [Working safely with ionising radiation: Guidance for expectant or breastfeeding mothers Leaflet INDG334](#)
- Control of Substances Hazardous to Health (COSHH) 2002
- Ionising Radiation Regulations 1999
- Control of Lead at Work (CLAW) Regulations 2002
- Workplace (Health, Safety and Welfare) Regulations 1992 (the Workplace Regulations)

Coronavirus infection and pregnancy, [Read the latest information and advice from The Royal College of Obstetricians and Gynaecologists \(RCOG\)](#)

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Appendix 1 – New and Expectant Mothers Flowchart



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Appendix 2 – Guidance on Hazards and Control Measures

<p>Physical hazards:</p> <ul style="list-style-type: none"> • Movement and postures • Manual handling • Shocks and vibrations • Noise • Ionising-radiation • Non-ionising radiation • Compressed air 	<p>Working conditions:</p> <ul style="list-style-type: none"> • Facilities (including rest rooms) • Mental and physical fatigue and working hours • Stress (including post-natal depression) • Temperature • Lone working • Work at height • Travel • Violence within the workplace • Work with personal protective equipment PPE) • Nutrition
<p>Biological agents:</p> <ul style="list-style-type: none"> • Infectious diseases E.g. <i>Brucella, Chlamydia, TB, Herpes simplex, Hepatitis virus, HIV, Mumps / measles, Parvovirus, Rubella</i> <i>Covid-19 virus</i> 	<p>Chemical agents (substances):</p> <ul style="list-style-type: none"> • Toxic chemicals • Carbon monoxide • Mercury • Lead • Antimitotic (cytotoxic) drugs

The following guidance is updated from the HSE guidance booklet, “[New and Expectant Mothers at Work](#)” HSG122 provides a useful list of hazards to consider. HSE Books 1994 ISBN 0 7176 0826 3 is no longer available from HSE, source [ucl.ac.uk](http://www.ucl.ac.uk)

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PHYSICAL HAZARDS - where these are regarded as agents causing foetal lesions and/or likely to disrupt placental attachment.

Identified Hazards	How an expectant or new mother or her unborn or breastfeeding child may be affected	Risk control measures
Movements and postures	<p>Standing: Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.</p> <p>Sitting: Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.</p> <p>Confined space: Difficulties in working in tightly fitting workspaces or workstations during the later stages of pregnancy can lead to strain or sprain injury, also with impaired dexterity, agility, coordination, speed of movement, reach and balance. Also, associated increased risk of accidents</p>	<p>Complete the DSE workstation checklist</p> <p>Control hours, volume and pacing of work. Adjust how work is organised or change type of work if necessary.</p> <p>Ensure seating is available where appropriate and take longer or more frequent rest breaks to avoid or reduce fatigue.</p> <p>Adjusting workstations or work procedures where this will minimise postural problems and risk of accidents.</p> <p>Review situation as pregnancy progresses.</p>
Emergency evacuation	Lack of ability to move quickly or cope with stairs in the event of a practice evacuation or actual incident requiring evacuation. Pregnant woman may experience mobility problems or difficulty evacuating by stairs (e.g. towards the later stages of pregnancy).	Arrange a Personal Emergency Evacuation Plan (PEEP) for the individual in consultation with the Fire Safety Advisor.

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Manual handling (of loads where there is a risk of injury)	Hormonal changes in pregnancy can affect the ligaments increasing susceptibility to injury; postural problems may increase as the pregnancy progresses. Possible risks for those who have recently given birth – e.g. likely to be a temporary limitation on lifting and handling capability after a Caesarean section.	It may be possible to alter the nature of the task undertaken to reduce the risk of injury for <u>all</u> workers involved; Or, it may be necessary to reduce the amount of manual handling (or use aids to reduce the risks) for the specific woman involved.
Shocks and vibrations	Regular exposure to shocks, low frequency vibration (e.g. driving or riding in off-road vehicles) or excessive movement may increase the risk of miscarriage. (no particular risk to breastfeeding workers)	Avoid work likely to involve uncomfortable whole-body vibration, especially at low frequencies or where the abdomen is exposed to shocks or jolts.
Noise	Prolonged exposure to loud noise may lead to increased blood pressure and tiredness.	Conform to the Noise at Work Regulations (check with the Health & Safety Office if in doubt).
Compressed air environments (Diving)	Pregnant workers are advised not to dive at all during pregnancy due to the possible effects of exposure to a hyperbaric environment on the unborn child. There is no evidence to suggest that breastfeeding and diving are incompatible	Pregnancy is viewed as a medical reason not to dive . The diving regulations include the provision that if a diver knows of any medical reason why they should not dive, they should disclose it to the dive supervisor and/or refrain from diving.
Ionising radiation (X or gamma rays)	Significant exposure can harm the foetus (either through external exposure or by breathing in/ ingesting radioactive contamination) and there are limits on the dose deemed to be acceptable for	Female workers exposed to ionising radiation need to declare their pregnancy and whether breastfeeding as soon as possible.

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	<p>expectant mothers.</p> <p>Nursing mothers who work with radioactive liquids or dusts can cause exposure of the child, particularly through contamination of the mother's skin.</p> <p>Radioactive materials can cross the placenta.</p> <p>Radioactive materials in the mother can irradiate the unborn child.</p> <p>Radioactive contamination on the mother's skin can be passed to the child by contact.</p> <p>Radioactive materials in the mother can pass into the breast milk.</p>	<p>Controls to be sufficient to prevent exposure to the baby of greater than 1mSv per anum (from all sources) during pregnancy and whilst breastfeeding</p> <p>Specific risk assessment is required before work begins.</p> <p>Limits are in place for external radiation dose to the abdomen of women:</p> <p>13mSv in any 3 months;</p> <p>10mSv during the declared term of pregnancy.</p> <p>Work procedures must keep exposure ALARP.</p> <p>Nursing mothers should not work where the risk of contamination is likely.</p> <p>Further information is available in the HSE document: INDG334 'Working safely with ionising radiation: guidelines for expectant or breastfeeding mothers'.</p>
Non-ionising radiation	<p>Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the foetus or the mother. However, extreme over-exposure to radio-frequency (RF) radiation could cause harm by raising body temperature. The embryo and foetus may be particularly sensitive to RF-induced heating since heat loss pathways that are available to adult mammals are denied to the foetus. Heat has been shown to be teratogenic in various animal species, including primates, and has been associated with miscarriages, as well as with central nervous system and facial defects in children whose mothers developed moderate to severe hyperthermia, especially during the first trimester of pregnancy.</p> <p>Work with lasers and ultra violet (UV) equipment should not pose any additional risks to expectant mothers.</p>	<p>Exposure to electric and magnetic fields should not exceed the restrictions on human exposure published by the International Commission on Non-Ionising Radiation Protection (ICNIRP) which have been adopted in the UK by Public Health England. If risks to expectant mothers from EMFs are identified appropriate action must be taken to eliminate, reduce or control the risks; they must be included and managed as part of the general workplace risk assessment.</p> <p>Magnetic and Electric fields are capable of being measured and compared to the current guidelines published.</p>

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WORKPLACE CONDITIONS		
Access to facilities	<p>May suffer nausea during the day & this may be exacerbated by strong smells.</p> <p>Tiredness increases during and after pregnancy and may be exacerbated by work-related factors.</p> <p>May need more frequent & urgent toilet breaks. Without easy access, there may be increased risks (e.g. infection and kidney disease).</p>	<p>Must have access to facilities to enable rest (sit or lie down comfortably, in privacy and without disturbance).</p> <p>Drinking water should also be readily available. Work routines and locations must ensure that expectant and breastfeeding mothers are able to promptly use toilet facilities.</p>
Workstations	<p>Changes in size & shape can create ergonomic problems</p> <p>Hormonal changes can affect ligaments & increase susceptibility to injury</p>	<p>Workstation assessment should be reviewed at intervals during the pregnancy and on return to work.</p> <p>Temporary adjustments may be needed to working practices to allow for more opportunity to stretch or rest.</p> <p>Additional equipment may be required e.g. footrest, coccyx cut-out cushion.</p>
Use of work equipment	<p>Tiredness increases during and after pregnancy and may be exacerbated by work-related factors.</p> <p>Changes in size & shape can create ergonomic problem.</p> <p>Hormonal changes can affect ligaments & increase susceptibility to injury</p> <p>Temporary reduction in strength capabilities especially if C-section has been performed.</p>	<p>Risk assessment should be reviewed at intervals during the pregnancy and on return to work.</p> <p>Temporary adjustments may be needed to working practices to allow for more opportunity to stretch or rest.</p> <p>Use of some work equipment may need to be stopped if sufficient adjustments cannot be made.</p>
Lone working	<p>May be more likely to need urgent medical attention.</p>	<p>Specific Lone Working assessment should be made.</p> <p>Access to communication devices for raising an alarm and specific safe working procedures may be necessary</p> <p>Dependent on their medical condition, work location and type of work activity, a lone working assessment may determine EM are prohibited from certain types of lone working.</p>
Excessive hours / night		<p>Alternative day work must be organised where an expectant mother produces a medical certificate from her GP/midwife stating that night work is affecting her or</p>

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work		her unborn child's health.
Stressful working conditions	Stress is associated with increased incidence of miscarriage and impaired ability to breastfeed. Stress can also lead to anxiety and depression. May develop postnatal depression, women may have recently suffered miscarriage etc. and may be anxious about their pregnancy that could make them more vulnerable to workplace 'stressors'.	Risk assessments must take account of organisational 'stressors' (e.g. work demands, work hours, organisational change) and the potential effect on new and It may be necessary to adjust working conditions and hours. Ensure individuals have opportunity to raise concerns of work-related stress and that these are appropriately dealt with.
Work at height	Can experience impaired balance which may be hazardous if working from ladders, platforms etc. Temporary limitations on physical capabilities especially if C-section has been performed.	A specific risk assessment should consider whether there are any additional risks from working at height
Extreme cold or heat	Greater risk of suffering heat stress through prolonged exposure to hot environments. Breastfeeding may be impaired by heat dehydration.	Adequate rest and refreshments breaks must be provided along with access to drinking water. Drinking water should be taken in small frequent volumes. Where working in extreme cold is unavoidable, warm clothing must be provided.
Exposure to violence	May be more susceptible to stress. Physical violence can result in severe injury to both and unborn child	Activities should be assessed to determine the level of risk from potentially confrontational situations.
Exposure to tobacco smoke	Passive smoking can affect the health of the expectant mother.	The University has a smoke free policy that restricts smoking on Campus. Departments should ensure that the policy is enforced within their area of responsibility.

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BIOLOGICAL AGENTS - infectious diseases



Identified Hazards	How an expectant or new mother or her unborn or breastfeeding child may be affected	Risk control measures
<p>Infectious Diseases</p> <p>Hazardous biological agents of hazard groups 2, 3 and 4 are classified by the HSE Advisory Committee on Dangerous Pathogens (ACDP).</p> <p>E.g. <i>Brucella</i>. <i>Chlamydia</i>, <i>TB</i>. <i>Herpes simplex</i>. <i>Hepatitis virus</i>. <i>HIV</i>. <i>Mumps/measles</i> <i>Parvovirus</i>. <i>Rubella</i>.</p>	<p>Following infection with these agents there is potential for abortion or physical and neurological damage to the unborn child.</p> <p>For most workers, the risk of infection is not higher at work than from elsewhere, but in certain occupations exposure to infections is more likely, for example laboratory work, health care, looking after animals (farms and laboratories) or dealing with animal products (e.g. meat processing).</p> <p>Also, elevated risks if in contact with sewage and contaminated water (at the University or on field trips).</p>	<p>Work that involves exposure to hazardous substances must be subject to a specific risk assessment. Such assessments must consider expectant and new mothers.</p> <p>Female workers should declare their pregnancy and whether breastfeeding as soon as possible.</p> <p>For most workers the risk of infection is not greater than that from living in the community. Nevertheless, in certain occupations (e.g. laboratory workers, health care, working or dealing with animals) exposure to infections is more likely.</p> <p>Avoid all work with HG3 organisms.</p> <p>Avoid handling - HIV, HepB, HepC, Syphilis, VZV, CMV, Rubella, Herpes virus, Influenza virus, <i>Candida</i> spp., <i>Coxiella</i> and <i>Brucella</i>.</p> <p>Avoid direct contact with colleagues who are known to have chickenpox and German measles (Rubella) unless they know they are immune.</p> <p>Avoid direct contact with persons known to have cytomegalovirus, parvo virus (Slapped Cheek Syndrome) or severe influenza (avian/swine flu).</p> <p>Other less common infections and toxoplasmosis which can cause complications during pregnancy can be picked up through contact with animals, therefore EM should avoid visits to farms or work involving potential contact with animals.</p>

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<p>Pandemic level virus</p> <p><i>Covid-19 virus</i></p>	<p>Who is 'clinically extremely vulnerable'?</p> <p>Women who are pregnant with significant heart disease, congenital or acquired.</p> <p>There is no evidence that pregnant women are more likely to get seriously ill from coronavirus but pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution. The government guidance for the clinically vulnerable remains in place and you should ensure you continue to follow the latest government guidance.</p>	<p>Read the latest information and advice from The Royal College of Obstetricians and Gynaecologists (RCOG).</p> <p>Pregnant women should follow the latest government guidance on staying alert and safe (social distancing) and avoid anyone who has symptoms suggestive of coronavirus. If you are in your third trimester (more than 28 weeks' pregnant) you should be particularly attentive to social distancing.</p>
<p>Pre-existing medical conditions</p>	<p>Follow the University of Sussex Self-assessment tool</p> <p>It is designed to help staff and students to self-identify if they may need to discuss an elevated vulnerability (to suffering more serious symptoms should they contract Covid-19) with their line manager, GP or an occupational health professional. It is designed specifically to help staff identify their clinical vulnerability to Covid-19.</p> <p>If you diagnose yourself as vulnerable or high risk as a result of using this tool then you should speak to your line manager first, alerting them to any concerns. For more specialist advice, you and/or your line manager may find it helpful to contact your HRBP for guidance. The self-assessment tool is in two parts.</p>	<p>Part 1: The first part helps to identify increased vulnerability to more serious symptoms for people who do not have an underlying health condition.</p> <p>Part 2: The second part helps to advise people with underlying health conditions, or who are pregnant, and may be more vulnerable to the effects of Covid-19, on what to do next.</p> <p>Background notes and reference: The self-assessment tool was adapted from the ALAMA guidance, who had categorised Covid risk into the following four tiers of vulnerability. Please note: while the ALAMA toolkit and guidance is a useful resource for managers and individual to assess COVID vulnerability, it is not a substitute for medical assessment.</p> <p>You can access the full self-assessment tool [235 KB].</p>

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CHEMICAL AGENTS (Substances)

Identified Hazards	How an expectant or new mother or her unborn or breastfeeding child may be affected	Risk control measures
<p>Carcinogens, mutagens and teratogens</p> <p>Use of hazardous substances or preparations that carry hazard statements (GHS/CLP):</p> <p>H340</p> <p>H341</p> <p>H350</p> <p>H351</p> <p>H360</p> <p>H361</p> <p>H362</p> 	<p>Hazardous substances can enter the body by inhalation, ingestion or absorption through the skin where they may cause adverse effects.</p> <p>Substances which are absorbed through the skin are labelled "Sk" in the HSE Workplace Exposure Limits EH40. This lists all the Workplace Exposure Limits (WEL) for known hazardous substances with respect to inhalation.</p> <p>Substances that can be absorbed through the skin may cross the placenta and /or contaminate breast milk. The health risks should be determined for each individual case.</p> <p>Look out for chemicals labelled with the Health Hazard Symbol</p>  <p>Reproductive Toxicity and Hazard Statements:</p> <p>H340 May cause genetic defects</p> <p>H341 Suspected of causing genetic defects</p> <p>H350 May cause cancer</p> <p>H350i May cause cancer by inhalation</p> <p>H351 Suspected of causing cancer</p> <p>H360F May damage fertility.</p> <p>H360D May damage the unborn child.</p> <p>H360FD May damage fertility. May damage the unborn child.</p> <p>H360Fd May damage fertility. Suspected of damaging the unborn</p>	<p>Female workers should declare their pregnancy and whether breastfeeding as soon as possible.</p> <p>Work that involves exposure to hazardous substances must be subject to a specific Control of Substances Hazardous to Health (COSHH) assessment. The substances may have potential to endanger health or safety, however there should be no risk in practice, adhering to current control measures and keeping workplace exposure below levels which might cause harm.</p> <p>Work that involves exposure to hazardous substances must be subject to a specific COSHH assessment. All such assessments must consider expectant and new mothers.</p> <p>The strategy for control of exposure to chemicals should be:</p> <p>Avoidance - someone else performs the work with substance or suspending its use until an appropriate time.</p> <p>Substitution – consider use of safer alternatives.</p> <p>Limit Exposure – limit extent of use, control by a combination of technical measures, Good Laboratory Practice and the use of Personal Protective Equipment (only as a last resort and in combination with the other control measures).</p> <p>The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period.</p>

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	<p>child. H360Df May damage the unborn child. Suspected of damaging fertility. H361f Suspected of damaging fertility. H361d Suspected of damaging the unborn child. H361fd Suspected of damaging fertility. Suspected of damaging the unborn child. H362 May cause harm to breast-fed children.</p>	
Note	<p>Some older chemicals in stock may still carry the previous system of Risk (R) phrases. The equivalent phrases are: R40 limited evidence of a carcinogenic effect; R45 may cause cancer; R46 may cause heritable genetic damage; R49 may cause cancer by inhalation; R61 may cause harm to the unborn child; R63 possible risk of harm to the unborn child; R64 may cause harm to breastfed babies; R69 possible risk of irreversible effects.</p>	<p>Substances only displaying the R phrase should be disposed if expired as per local rules. GHS/CLP replaced the CHIP labelling system in 2015.</p>
Carbon monoxide	<p>Carbon monoxide crosses the placenta and starves the unborn child of oxygen. The level and duration of maternal exposure are important factors.</p>	<p>Work that involves exposure to hazardous substances must be subject to a specific risk assessment. All such assessments must consider expectant and new mothers.</p> <p>Female workers should declare their pregnancy and whether breastfeeding as soon as possible.</p>
Mercury and mercury derivatives	<p>Organic mercury compounds can slow the growth & disrupt the nervous system of an unborn child.</p> <p>Organic mercury compounds in the mother can pass into breast milk</p>	<p>Work that involves exposure to hazardous substances must be subject to a specific risk assessment. All such assessments must consider expectant and new mothers.</p> <p>Female workers should declare their pregnancy and whether breastfeeding as soon as possible.</p>
Lead and lead derivatives	<p>Uncontrolled exposure to lead is associated with miscarriages, stillbirths and infertility & can impair the development of the child's nervous system.</p> <p>Lead compounds in the mother can pass into breast milk & can impair</p>	<p>Maximum permissible blood levels are set; the level for women of reproductive capacity is lower.</p> <p>Those who work with lead to an extent defined by CLAW are subject to medical surveillance.</p> <p>Once pregnancy is confirmed, women subject to medical surveillance will normally</p>

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	the development of the child's nervous system.	be suspended from work that exposes them significantly to lead. Exposure of breastfeeding mothers to lead must be reduced to the lowest practicable levels.
Embryotoxic chemicals	Some chemicals commonly found in laboratories can be embryotoxic, especially in the very early stages of pregnancy. The potency of these chemicals is much less than those labelled with the appropriate Hazard (H) statements.	Normal good laboratory practice and any other measures identified in the normal COSHH assessment should be followed.
Antimitotic (cytotoxic) drugs. May be encountered in health treatment	These drugs are used in cancer chemotherapy and can arrest the multiplication of living cells. They achieve this by interfering with the essential functions of the cell, especially those involving cell division and can, in the long term, cause damage to the sperm and egg cells. Some can cause cancer. Occupational exposure is usually by inhalation or absorption through the skin. These substances are exempt from the normal labelling requirements because they are drugs. Those who are trying to conceive a child, are pregnant, or breastfeeding, should avoid exposure to such materials.	Work that involves exposure to hazardous substances must be subject to a specific risk assessment. All such assessments must consider expectant and new mothers. Female workers should declare their pregnancy and whether breastfeeding as soon as possible. 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). These drugs are covered by COSHH, and HSE Guidance Note MISC 615 Safe Handling of Cytotoxic Drugs

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Physiological aspects of pregnancy which may affect work

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

There are certain physiological conditions which occur during pregnancy or when nursing babies which should be considered. These include:

- Morning sickness which may be relevant where early morning shifts are worked, or where there may be exposure to nauseating smells;
- Backache which may be associated with manual handling activities and poor work postures;
- Posture is also significant if varicose veins and /or haemorrhoids develop – the latter also linked with a hot work environment;
- Frequent visits to the toilet may be difficult if it is not always possible to leave the job/site of work;
- Increasing size may present problems in use of protective clothing, of working in confined spaces and with manual handling;
- Dexterity, agility, co-ordination, speed of movement and reach may be all impaired due to increasing size
- The need for frequent rehydration of nursing mothers
- The need for privacy when expressing milk for nursing mothers

Physiological aspects of pregnancy	Factors in work
'Morning' sickness Headaches	Early shift work, Exposure to nauseating smells
Backache	Standing/manual handling/posture
Varicose veins	Standing/sitting
Haemorrhoids	Work in hot conditions
Frequent visits to the toilet	Difficulty in leaving job/site of work
Increasing size	Use of protective clothing, Work in confined spaces, Manual handling
Tiredness	Overtime, Evening work
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting work uniforms

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Appendix 3 – New and Expectant Mothers Risk Assessment



Ref: _____

New and Expectant Mothers Risk Assessment

This form should be used with Health and Safety guidance, **New and Expectant Mothers (HS G015)** for hazards and possible control measures that can be associated with the New and Expectant Mothers. The form should be completed electronically, approved and signed by the responsible person before any work commences. **copy should be sent School/Department Safety coordinator**

School/Department (Buildings and room numbers)	
Name of New or Expectant Mother:	
Duration left of pregnancy at time of risk assessment:	
Review date(s):	
Mother/expectant mother's signature:	Date:

Brief description of project or activity

Identification of hazards Tick all that apply (in Word simply click the box).		
<input type="checkbox"/> Vibration	<input type="checkbox"/> Exposure to strong or unpleasant smells	<input type="checkbox"/> Use of infectious materials
<input type="checkbox"/> Sitting or standing for long periods	<input type="checkbox"/> Lone working	<input type="checkbox"/> Use of Human derived material
<input type="checkbox"/> Cold or Heat	<input type="checkbox"/> Display Screen Equipment	<input type="checkbox"/> Live Animals (of any type)
<input type="checkbox"/> Contact with children or students	<input type="checkbox"/> Field work or extensive travelling	<input type="checkbox"/> Use of micro-organisms (include GM)
<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Work at Height	<input type="checkbox"/> Use of ionising or non-ionising radiation
<input type="checkbox"/> Noise	<input type="checkbox"/> Use of Chemicals	<input type="checkbox"/> Other hazards identified

Specific hazards for new or expectant Mothers identified, give details (reference all specific risk assessments carried out):			
	Hazard	Risk	Control measures required
Physical:			
Working Conditions:			
Biological:			
Chemical:			

Other Risk or COSHH assessments for the work area that may apply – list below	University of Sussex Safety Procedures and Guidance to be used – list below	Standard Operating Procedures for the work area that may apply – list below

Approval

Principal investigator / Responsible person (responsible for all aspects of safety incl. training)			
Name	Signature	Date	
Personnel involved (e.g. Safety Co-ordinator (s))			
Role	Print name	Signature	Date

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