

Risk Assessment in Pregnancy –

New and Expectant Mothers at Work – Occupational Health Guidelines

Introduction

Pregnancy is part of everyday life and many women work whilst pregnant or breast feeding. Work circumstances may affect the well being of mother and child and therefore working conditions and activities do need regular review throughout this period. This is further endorsed by a legal requirement to assess any workplace risks to the mother and unborn child and to take practical action to reduce them.

Background Reading and Further information

For the Manager:

HSE Books: New and Expectant Mothers at Work: A Guide for Employers HSG 122 (2nd Ed).

For the Individual:

HSE Books: A guide for new and expectant mothers who work. IND G373

(This leaflet is attached and may be freely photocopied.)

Where to start

Early and open discussions between the individual and the manager form an essential basis for safeguarding the health and safety of the mother and child. This guidance seeks to support the nature of these discussions. Further help and support can be obtained from Occupational Health (contact details at front of the OH Manual).

Because the first 4-6 weeks of pregnancy might go undetected, it is important that any specific hazards/risks within the Practice are made known to all women of child bearing age.

Once the individual has given notification of her pregnancy the manager needs to take the opportunity to meet with the individual and to inform her of the manager's responsibilities to her (e.g. to regularly 'risk assess' and to consider any impact her work may be having on her pregnancy); and the individual's responsibility to keep her manager informed of any concerns or difficulties she may have.

The form below may be used to both record and serve as a checklist for this discussion. Meet regularly (we would suggest at least at the 12 week stage of pregnancy, then at 6 months duration and then monthly) to review her work situation, using previous documentation as a basis each time. Also, record any actions agreed.



Appendix A Supporting an Expectant Mother

(For New Mothers - see part 2)

Name of Employee:

Job Title: Hours of Work:

Has written confirmation of pregnancy been received? Yes/No
(If oral, request written confirmation ASAP)

Estimated date of Delivery:

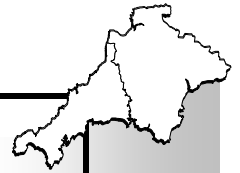
Expected date to commence maternity leave:

How many weeks pregnant is employee on date of risk assessment?:

Part 1- For Completion by the Manager/Assessor

Use the headings below as discussion designed for pregnancy risk assessment in GP and Dental Practices - there may be specific hazards/risks that relate to an individual workplace. These may be added under 'Other' section see below.

<p>Consider the workplace Access, space, temperature, noise, posture / excessive standing /seating</p> <p>Working hours – rest and refreshment breaks (little and often can be helpful)</p> <p>Provision of rest room/area if needing a break or breast feeding</p> <p>Smoking/Passive Smoking</p>	<p>Note any points of discussion and agreed action plan.</p>
<p>Is there exposure to any of the following:</p>	
<p>Manual handling activities (Patient handling, filing, office tasks, carrying equipment)</p>	
<p>Travelling/home visits</p>	
<p>Ionising radiation (X-rays) Also consider wearing of protective aprons etc.</p>	
<p>Non Ionising radiation (Lasers)</p>	



Extremes of temperature	
Infection risks – discuss possibly avoiding contact with known risks (see Annex for more specific information)	
Chemicals/substances/gases (list as appropriate)	
Working in confined spaces or at heights e.g. filing/using stepladders (considering movement & posture)	
Lone working	
Stress	
Threat of violence in the workplace	
Work with Display Screen Equipment	
Cyto-toxic drugs	
'Other' (continue on separate page if necessary)	



<p>Consider possible involvement with the unexpected e.g. collapse of patient, first aid, spillages of blood/chemicals/drugs etc Consider action in case of fire or other practice emergency.</p>	
<p>Consider: Anything mentioned by their GP or Midwife which may be relevant at work. Any problems in previous pregnancies.</p>	

Is the employee suffering with any symptoms specific to pregnancy Yes/No

Does the employee need/wish to be seen by Occupational Health? Yes/No

Summarise any actions:

Review date:

Signature of Employee: Date:

Signature of Manager: Date:

Both the employee and the employer should retain a copy of this assessment for future reference



This should be completed as near to the return to work date as possible, or on the first day the employee returns to work and should be undertaken in conjunction with any discussion agreed during the pregnancy.

Name of Employee:

Job Title: Hours of Work:

Date of Delivery: Age of baby: Date of return to work:

Is the employee intending to breastfeed? Yes/No

Is there suitable adequate provision to express and store milk e.g. privacy? Yes/No

Does the employee have any post natal health problems? Yes/No

Does the employee need/wish to be seen by Occupational Health? Yes/No

Following discussion with the individual, if there are any symptoms identified please state the action to be taken.

Actions

Signature of Employee: Date:

Signature of Manager: Date:

Both the employee and the employer should retain a copy of this assessment for future reference.



In general it seems sensible to avoid contact with a known infectious patient if you are pregnant. This may not always be practicable, given the nature of working in healthcare. If you know, from blood tests, that you are immune, there should be no concern. 'Routine' infections to which you may have been immunised include Rubella, Hepatitis B, TB, Polio, and for many, mumps and measles (as part of MMR). In time, chicken pox vaccine is likely to be more widely used, or you may have already had the illness.

There are a number of infectious agents for which you may not know your immune status or immunisations are simply not available. Some other agents specifically mentioned include:

- Cytomegalovirus
- Hepatitis A
- Parvovirus B19 (Slapped cheek syndrome)
- Psittacosis
- Chlamydia psittaci
- Enteroviruses
- Herpes simplex
- HIV
- Listeria
- Shingles
- Syphilis
- Toxoplasma

If you have any concerns, contact the OH service or ask your own GP/Midwife.

References

1. HSE Books: New and Expectant Mothers at Work: A Guide for Employers HSG122 (2nd Edition).
2. HSE Books: A Guide for New and Expectant Mothers Who Work – INDG373.
3. BMJ Careers Focus. 9th Feb 2002 Continuing as a junior doctor when you are pregnant.
4. BMJ Careers Focus 29th April 2004. Pregnant Doctors: Health and Safety risks in the real world.
5. See also other Guidance procedures in this Manual on General Health and Safety topics and if in any doubt contact the Occupational Health Service.

For information regarding "Maternity Rights" contact the Department of Trade and Industry (DTI) interactive guidance website – www.direct.gov.uk

For information regarding "Maternity Benefits" contact the Department for Work and Pensions (DWP) Public Enquiry Office website – www.dwp.gov.uk or 0207 712 2171.