

**LEAFLET 36****NEW AND EXPECTANT MOTHERS AT WORK****CONTENTS**

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**LEAFLET FOR LINE MANAGERS****STATUTORY REQUIREMENTS**

1 The Management of Health and Safety at Work Regulations 1999 contains measures that require employers to protect the H&S at work of pregnant workers and workers who have given birth (to a living child or, after 24 weeks of pregnancy, a stillborn child) within the previous 6 months or are breast-feeding.

**DEFINITIONS****Line Manager**

2 Line Manager means all staff, both Service and Civilian, who have authority and responsibility for directing and supervising people working for them, be they permanent, temporary or contractually employed.

**New and Expectant Mothers**

3 New and Expectant Mothers are pregnant workers and workers who have given birth (to a living child or, after 24 weeks of pregnancy, a stillborn child) within the previous 6 months or are breast feeding and have carried out the duties of a new and expectant mother detailed below.

**DUTIES****Line Managers**

4 Line Managers must ensure that significant risks faced by 'new and expectant mothers' are assessed and adequately controlled and that this process is documented.

**New and expectant mothers**

5 New and expectant mothers must tell their line manager in writing as soon as they are aware of their condition and also provide their line manager with a medical certificate confirming the above within a reasonable length of time if requested to do so.

**RECORDS**

6 There are no additional records other than those required by the risk assessment process or within any other leaflet which specifically deals with an identified workplace risks.

**RELATED LEAFLETS**

7 The following related leaflets apply

- Leaflet - Health and Safety Risk Assessment
- Leaflet - Working with Display Screen Equipment
- Leaflet - Manual Handling
- Leaflet - Safety when working with Electricity and Electrical Equipment
- Leaflet - Substances Hazardous to Health
- Leaflet - Stress at Work
- Leaflet - Workplace Health Safety and Welfare

**LEAFLET 36 ANNEX A**

**NEW AND EXPECTANT MOTHERS AT WORK**

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**GUIDANCE FOR LINE MANAGERS**

**INTRODUCTION**

1 The Management of Health and Safety at Work Regulations introduced measures to improve the H&S at work of pregnant workers and workers who have given birth (to a living child or, after 24 weeks of pregnancy, a stillborn child) within the previous 6 months or are breastfeeding. These measures specifically require employers to take particular account of the risks from any agents, processes or working conditions through the risk assessment process. A list of such agents, processes and conditions, with a summary of the risks and how to avoid them, is shown in Table 1 (which is not exhaustive). Risk in this context means the likely exposure of a new or expectant mother to hazards at a level additional to that which she could normally expect to be exposed to outside the workplace.

**ACTION TO TAKE**

2 If the assessment reveals a risk to new or expectant mothers, line management should tell female employees of childbearing capacity about it and should explain what action will be taken to ensure that they are not exposed to it. There could be different risks and controls depending whether workers are pregnant, have recently given birth or are breastfeeding.

3 If risk remains after any action required by statutory provisions has been taken, line management must, if it is reasonable to do so and it would avoid such risk, temporarily alter the employee's working conditions or hours of work. If that would not be reasonable or would not avoid the risk, the employee should be offered suitable alternative work or, if that is not possible, be given paid leave from work for as long as is necessary to protect her H&S of that of her child.

4 Line management is not required to take the any action until the employee has given notice in writing that she is pregnant, has given birth within the previous 6 months, or is breastfeeding. The line management is not required to maintain these controls if the employee fails to produce a certificate confirming her condition, within a reasonable time of being requested to do so in writing, or once line management knows that she is no longer a new or expectant mother or cannot establish whether she remains one.

5 Once the risk assessments for a new or expectant mothers has been carried out it must be kept under review. Although the hazards are likely to remain constant, the possibility of damage to the unborn child will vary at different stages of pregnancy, and there may be different risks to consider for the worker and baby when breastfeeding.

## BREASTFEEDING

6 There is not a time limit on breastfeeding. While many women may stop after the first 6 weeks, the Department of Health recommends exclusive breastfeeding for the first 4 to 6 months. After that time breastfeeding can be continued with advantage, together with the safe introduction of solid food. It is for women themselves to decide for how long they wish to breastfeed.

7 Where employees continue to breastfeed for many months, risks should be reviewed regularly and, where they continue to be identified, the actions to take outlined above should be followed for as long as the H&S of the employee or her child are threatened. The main concern is exposure to agents which could result in substances entering the breast milk. Where risks are controlled in line with existing regulations it is unlikely that employees who continue Breastfeeding will be exposed to risks which require them to be offered alternative work or given paid leave; advice should be sought from occupational health specialists if necessary.

8 The Workplace (Health, Safety and Welfare) Regulations require suitable facilities to be provided for pregnant or Breastfeeding employees to rest, and to providing facilities for those who are Breastfeeding to express and store milk. Details are given within the Leaflet - Workplace Health Safety and Welfare.

## NIGHT WORK

9 Where a new or expectant mother works at night, and a medical certificate shows it to be necessary for her H&S that she should not, she should be transferred to suitable daytime work or, if none is available, be given paid leave from work for as long as is necessary to protect her H&S. These steps need only be taken if the risk arises from work; the HSE are not at present aware of any risks to pregnant or Breastfeeding women or their children from working at night per se. If an employee states that she cannot work at night and there is a question as to whether the cause arises from her work, advice should be sought from an occupational health specialist.

**Table 1 Agents, Processes and Conditions**

Hazard	Risk	Control	Additional information
<b>Physical Agents</b>			
Shocks, vibration or movement	Regular exposure may increase risk of miscarriage. May be increased risk of premature or low birth weight. Breastfeeding mothers at no greater risk than other workers.	Avoid work likely to involve uncomfortable whole body vibration or where abdomen is exposed to shocks or jolts.	Leaflet - Exposure to Vibration at Work
Manual handling of loads where there is a risk of injury.	Pregnant workers are especially at risk as hormonal changes can effect ligaments, postural problems may increase as the pregnancy progresses. Possible risks from those who have recently given birth e.g. limitations on lifting and handling capability after caesarean section. Breastfeeding mothers at no greater risk than other workers.	Varies according to circumstances: alter the task to reduce risks for all employees, or address specific needs of the individual or provide manual handling aids to reduce the risk.	Leaflet - Manual Handling
Work with display screen equipment (VDU's)	Although there has been widespread anxiety about radiation emissions from display screen equipment and possible effects on pregnant women, there is substantial evidence that these concerns are unfounded.	Pregnant women do not need to stop working with VDU's, but to avoid problems caused by stress and anxiety those who are concerned should be given the opportunity to discuss their concerns with someone adequately informed of current	Display Screen Equipment regulations 1992, Leaflet - Working with Display Screen Equipment

		authoritative scientific information and advice.	
Noise	No specific risk, but prolonged exposure may lead to increased blood pressure and tiredness	Requirements of the Noise at Work Regulations should be sufficient	Leaflet - Noise at Work
Ionising Radiation	Significant exposure can cause harm to the foetus  If a nursing mother works with radioactive liquids or dust the child could be exposed, particularly through contamination of the mother's skin Possible risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother	Design work procedures to keep exposure as low as reasonably practicable and certainly below the statutory dose limits for pregnant women. Nursing mothers should not be employed where the risk of radioactive contamination is high  Working conditions should be such as to make it very unlikely that a pregnant woman might receive high accidental exposure.	JSP392
Non-ionising electromagnetic radiation	Optical radiation: pregnant or breastfeeding mothers are at no greater risk than other workers. Electromagnetic fields and waves: exposure within current recommendations is not known to cause harm, but extreme over exposure to radio frequency radiation could cause harm by raising body temperature.	Exposure to electric and magnetic fields should not exceed restrictions on human exposure published by the NRPB	
Extremes of cold or heat	When pregnant, women tolerate heat less well and more readily faint or be liable to heat stress. Breastfeeding may be impaired by heat dehydration	Take great care when exposed to prolong heat. Rest and access to refreshment facilities may help.	
Movements and postures, travelling, mental and physical fatigue and other physical burdens.	Fatigue is associated with miscarriage, premature birth and low birth weight. Excessive physical or mental pressure may cause stress, anxiety and raised blood pressure. Pregnant employees may experience problems in working at heights or in tightly fitting workplaces.	Ensure that hours, volume and pacing of work are not excessive and that, where possible, employees have some control over how their work is organised. Ensure that seating is available where appropriate. Give longer or more frequent rest breaks. Adjust workstations or work processes.	
Work in hyperbaric atmosphere.	Compressed air: risk of bends. Not clear whether pregnant women are more at risk but foetus could be seriously harmed. Small increase in risk for those who have recently given birth. No physiological reason why Breastfeeding mothers should work in compressed air, but practical difficulties. Diving: possible effects on foetus	Pregnant employees should not work in compressed air.	Work In Compressed Air Special Regulations 1958 Leaflet - Protection of Persons Using Compressed Air - RPE
<b>Biological Agents</b>			
Any biological agent of hazard group 2,3 or 4.	Many of these agents can affect the unborn child if the mother is infected during pregnancy. Examples are hepatitis B, herpes, TB, syphilis, chicken pox and typhoid. For most workers the risk of infection is not high at work than from living in the community,	Depends on the risk assessment. Control measures may include physical containment, hygiene measures or use of vaccines. If there is a known high risk of exposure to a highly infectious agent, a pregnant employee should avoid	Leaflet - Substances Hazardous to Health

	but exposure to infection is more likely in certain occupations such as laboratory workers, health care and looking after animals.	exposure altogether.	
Biological agent known to cause abortion of the foetus or physical and neurological damage (included in hazard groups 2, 3 and 4).	Rubella (German measles), toxoplasma and some other biological agents can harm the foetus. Risk of infection is generally no higher than others, except in exposed occupations (see above).	See above	Leaflet - Substances Hazardous to Health
<b>Chemical agents</b>			
Substances labelled as R40, R45, R46 and R47	R40: possible risk of irreversible effects; R45: may cause cancer; R46: may cause heritable genetic damage; R47: may cause birth defects: R61: may cause harm to the unborn child; R63: possible risk of harm to the unborn child; R64: may cause harm to breastfed babies.  Actual risk can only be determined following a risk assessment of a particular substances at the place of work.	With the exception of lead and asbestos these substances all fall within the scope of the Control of Substances Hazardous to Health Regulations. Employers are required to assess health risks and where appropriate prevent or control them, having regard for women who are pregnant or have recently given birth.	Chemical (Hazard Information and Packaging) Regulations and Leaflet - Substances Hazardous to Health
Chemical agents and industrial processes in Annex 1 to EC Directive 90/394/EEC on the Control of Carcinogenic Substances	Includes the manufacture of auramine: exposure to aromatic polycyclic hydrocarbons present in coal soot's, tar, pitch, fumes or dusts, fumes and sprays produced during the roasting and electro-refining of cupro-nickel mattes; and strong acid process in the manufacture of isopropyl alcohol.	Covered by the Control of Substances Hazardous to Health Regulations.	Control of Substances Hazardous to Health Regulations, Leaflet - Substances Hazardous to Health
Mercury and mercury derivatives	Exposure to organic mercury compounds during pregnancy can slow the growth of the unborn baby, disrupt the nervous system and cause the mother to be poisoned. No clear evidence of adverse effects on the developing foetus of exposure to mercury and inorganic mercury compounds No indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after birth of the baby. Potential for health effects in children from exposure of mother to mercury and its compounds is uncertain.	Covered by the requirements of the Control of Substances Hazardous to Health Regulations. HSE Guidance Notes EH17: Mercury – health and safety precautions and MS12: Mercury – medical surveillance give practical guidance on the risks of working with mercury and how to control them.	Control of Substances Hazardous to Health Regulations, Leaflet - Substances Hazardous to Health
Antimitotic (cytotoxic) drugs	In the long term, damage to genetic information in sperm and egg. Some can cause cancer.	No known threshold limit; exposure must be reduced to as low a level as is reasonably practical. Assessment of risk should look particularly at preparation of the drug for use	Control of Substances Hazardous to Health Regulations, Leaflet -

		(pharmacists, nurses), administration of the drug, and disposal of waste (chemical and human). Those who are trying to conceive or are pregnant or Breastfeeding should be fully informed of the reproductive hazard. HSE Guidance Note MS21:Precautions for the safe handling of cytotoxic drugs gives guidance on hazards and avoidance/reduction of risks.	Substances Hazardous to Health
Chemical agents of known and dangerous skin absorption (including some pesticides).	HSE Guidance Note EH40: Occupational exposure limits contains tables of inhalation exposure limits for certain hazardous substances. Risks will depend on the way the substance is being used as well as on its hazardous properties.	Take special precautions to prevent skin contact. Where possible use engineering methods to control exposure in preference to personal protective equipment.	Control of Substances Hazardous to Health Regulations, Leaflet - Substances Hazardous to Health
Carbon Monoxide	Carbon monoxide crossing the placenta can result in the foetus being starved of oxygen. Levels and duration of maternal exposure are important factors in the effect on the foetus. No indication that breastfed babies suffer adverse effects from the mothers exposure to carbon monoxide, nor that the mother is more sensitive to carbon monoxide after giving birth.	HSE Guidance Note EH43: Carbon monoxide gives guidance on risks and how to control.	Control of Substances Hazardous to Health Regulations, Leaflet - Substances Hazardous to Health
Lead and Lead derivatives, in so far as they are capable of being absorbed by the human organism.	Occupational exposure to lead in the early 1900s when exposure was poorly controlled was associated with spontaneous abortion, stillbirth and infertility. More recent studies associated low-level lead exposure from environmental sources before the baby is born with a mild decrease in intellectual performance in childhood. Effects on breastfed babies of their mothers lead exposure have not been studied, but lead can enter the breast milk and it is through that the nervous system of young children is particularly sensitive to the toxic effects of lead.	The Approved Code of Practice Control of lead at work sets out exposure limits for lead and maximum permissible blood lead levels for workers who are exposed to lead to such a degree that they are subject to medical surveillance. Once pregnancy is confirmed, women who are subject to medical surveillance under the lead regulations will normally be suspended from work which exposes them significantly to lead.	