

UNIVERSITY OF BATH HEALTH AND SAFETY STANDARD					
Expectant and New Mothers					
Version Number	Version 4	Date of Approval	March 2024	Review Date	Three years from acceptance by UHSC
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Aims	<p>The University is committed to ensuring the health, safety and welfare of all staff, students and visitors.</p> <p>In order to achieve this for expectant and new mothers, additional control measures may be required that take account of the increased vulnerability of this group. This standard aims to provide the necessary information to ensure that the additional needs of this vulnerable group are addressed in the university setting.</p>				
Scope	<p>This standard applies to work activities both on and off campus where women of child-bearing age are employed by the University.</p> <p>Additional risks to women of child-bearing age, including expectant and new mothers, need to be considered explicitly within risk assessments, notably relating to COSHH, CLAW, or IRR.</p>				
Relevant Legislation	<p>Health & Safety at Work etc. Act 1974 (HASWA) The Management of Health & Safety at Work Regulations 1999 (MHSWR) Control of Substances Hazardous to Health (COSHH) 2002 Ionising Radiation Regulations (IRR) 2017 Control of Lead at Work (CLAW) Regulations 2002 Workplace (Health, Safety and Welfare) Regulations 1992 (the Workplace Regulations)</p> <p>Equality Act 2010: Treating a woman less favourably because she is pregnant or breast-feeding is direct discrimination on grounds of sex. Any breach of health and safety legislation in relation to new and expectant mothers could be considered discrimination. Reasonable and justifiable measures put in place in the interests of health and safety would not be considered discrimination.</p>				
Definitions	<p>Expectant or new mother means an employee who is pregnant; or who has given birth within the previous six months; or who is breastfeeding.</p> <p>Given birth is defined as having 'delivered a living child or, after 24 weeks of pregnancy, a stillborn child'.</p>				
	<p>Note that until an expectant or new mother gives written notification of the pregnancy or birth, the University is not legally required to take any specific action in relation to her employment or working conditions.</p>				
Responsibility for implementation	Directors and Heads of Department and Line Managers (including Deans and Heads of School acting in their role as a line manager).				
Training availability:	Risk Assessment guidance is available online at: https://www.bath.ac.uk/corporate-information/risk-assessment/				
Standard to meet			Accountability	Reference documents and more information	
1	All relevant risk assessments address additional risk to expectant and new mothers and their unborn or breast-feeding children.		Directors, Heads of Department, Line manager	<p>Risk Assessment Standard.</p> <p>Guidance on the range of issues to be considered in risk assessments is provided at the end of this standard. A specific document has also been produced to aide assessment of Coronavirus risks.</p>	
2	Any additional risks identified are controlled for expectant and new mothers so as to reduce the risk to a level no higher than that to other workers.		Directors, Heads of	Risk Assessment Standard.	

		Department, Line manager	Guidance on the range of issues to be considered in risk assessments is provided at the end of this standard.
3	Women of child-bearing age are informed of the findings of any risk assessments that identify the need for additional controls for expectant and new mothers.	Directors, Heads of Department, Line manager	
4	Action is taken in respect of an individual employee as soon as she has given notice in writing that she is pregnant, has given birth within the previous six months, or is breastfeeding.	Directors, Heads of Department, Line manager	<p>An assessment checklist is available to assist line managers in checking that significant risks have been sufficiently controlled.</p> <p>The employer may request a GP's or midwife's certificate to confirm the pregnancy. If this certificate is not produced within a reasonable period of time, the employer is not bound to maintain changes to working hours or conditions or to maintain paid leave. If the employee continues to breastfeed for more than six months after the birth, she should ensure that the employer is informed of this, so that appropriate measures can remain in place in order to avoid risks that could damage their own, or their child's, health and safety as long as they breastfeed. Guidance should be sought from your Human Resources Business Partner where you suspect this might apply.</p>
5.	Where an expectant or new mother works at night; and a GP's or midwife's certificate shows that night work is likely to affect her health, other suitable work is provided. If this is not possible, she is suspended from work for so long as is necessary for her health or safety.	Directors, Heads of Department, Line manager	Guidance should be sought from your Human Resources Business Partner where you suspect this might apply.
6.	<p>If a significant health and safety risk is identified for an expectant or new mother, which cannot be removed, the following actions are taken:</p> <ol style="list-style-type: none"> Temporarily adjust her working conditions and / or working hours; or if that is not possible: Offer her suitable alternative work (at the same rate of pay) if available; or if that is not possible: Suspend her from work on paid leave for as long as necessary to protect her health and safety, and that of her child. 	Heads of Department, Line manager, HR Business Partner	<p>SHEW can provide assistance in individual circumstances. A referral to Occupational Health may be requested if medical advice is required. OH surveillance may be required in some circumstances (e.g. in respect of CLAW if limits are exceeded).</p> <p>The Employment Rights Act 1996 provides that where appropriate, suitable alternative work should be offered, on the same terms and conditions, before any suspension from work is considered. If suspension is necessary for the protection of health and safety, this must be on full</p>

			pay. Guidance should be sought from your Human Resources Business Partner where you suspect this might apply.
7.	Clean, private rest facilities are provided where possible for workers who are pregnant or breastfeeding.	Heads of Department	There is a Rest Room administered by SHEW and available on request for those where there is no suitable facility within the worker's department.
8.	The need for re-induction and refresher training is considered, and provided where the needs assessment shows that this would be beneficial for a new mother returning to work after maternity leave.	Heads of Department, Line manager	Re-induction and refresher training needs assessment should be included in the Return to Work interview

Risk Assessment Guidance

Identification of general and specific hazards that will require additional consideration for persons in the relevant categories

Expectant and new mothers; their unborn or breastfeeding children.

EM = expectant mother; NM = new mother; BFM = breastfeeding mother.

- Note that the guidance lists hazards that are likely to be encountered and is not exhaustive.
- Risk assessments should be reviewed when the line manager is notified of the pregnancy and periodically.
- The assessment should be reviewed on the employee's return to work and periodically for a year after the birth.
- Any issues that cannot be resolved within the department should be referred to UHSE for further advice.

#	Hazards	How an expectant or new mother / her unborn or breastfeeding child may be affected	Required controls & measures
1	Access to facilities	<ul style="list-style-type: none"> • EM – may suffer nausea during the day & this may be exacerbated by strong smells. • EM, NM, BFM – tiredness increases during and after pregnancy and may be exacerbated by work-related factors. • EM & BFM – may need more frequent & urgent toilet breaks. Without easy access, there may be increased risks (e.g. infection and kidney disease). 	<ul style="list-style-type: none"> • NM and EM must have access to facilities to enable rest (sit or lie down comfortably, in privacy and without disturbance). There is a rest room in Wessex House and some locations that have facilities for baby changing • 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.
2	Workstations	<ul style="list-style-type: none"> • EM – changes in size & shape can create ergonomic problems • EM, NM, BFM – hormonal changes can affect ligaments & increase susceptibility to injury 	<ul style="list-style-type: none"> • Workstation assessment should be reviewed at intervals during the pregnancy and on return to work. • Temporary adjustments may be needed to working practices to allow for more opportunity to stretch or rest. • Additional equipment may be required e.g. footrest, coccyx cut-out cushion.
3	Use of work equipment	<ul style="list-style-type: none"> • EM, NM, BFM – tiredness increases during and after pregnancy and may be exacerbated by work-related factors. • EM – changes in size & shape can create ergonomic problems • EM, NM, BFM – hormonal changes can affect ligaments & increase susceptibility to injury • NM – temporary reduction in strength capabilities especially if C-section has been performed. 	<ul style="list-style-type: none"> • Risk assessment should be reviewed at intervals during the pregnancy and on return to work. • Temporary adjustments may be needed to working practices to allow for more opportunity to stretch or rest. • Use of some work equipment may need to be stopped if sufficient adjustments cannot be made.

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4	Manual handling	<ul style="list-style-type: none"> EM– changes in size & shape can create ergonomic problems EM, NM, BFM – hormonal changes can affect ligaments & increase susceptibility to injury NM– temporary limitations on lifting & carrying capabilities especially if C-section has been performed. 	<ul style="list-style-type: none"> NM & EM should avoid manual handling. Where this is not possible, risks must be assessed & controlled. Consider using mechanical aids, decreasing the weight of loads, ensuring sufficient space, providing assistance, etc.
5	Lone working	<ul style="list-style-type: none"> EM – may be more likely to need urgent medical attention. 	<ul style="list-style-type: none"> Specific Lone Working assessment should be made. Access to communication devices for raising an alarm and specific safe working procedures may be necessary Dependant 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.
6	Excessive hours / night work	<ul style="list-style-type: none"> EM, NM 	<ul style="list-style-type: none"> Alternative day work must be organised where an EM or NM produces a medical certificate from her GP/midwife stating that night work is affecting her or her child's health.
7	Stressful working conditions	<ul style="list-style-type: none"> EM & BFM– stress is associated with increased incidence of miscarriage and impaired ability to breastfeed. Stress can also lead to anxiety and depression. NM may develop postnatal depression: women may have recently suffered miscarriage etc. and EM may be anxious about their pregnancy that could make them more vulnerable to workplace 'stressors'. 	<ul style="list-style-type: none"> Risk assessments must take account of organisational 'stressors' (e.g. work demands, work hours, organisational change) and the potential effect on EM and NM. 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.
8	Work at height	<ul style="list-style-type: none"> EM - can experience impaired balance which may be hazardous if working from ladders, platforms etc. NM – temporary limitations on physical capabilities especially if C-section has been performed. 	<ul style="list-style-type: none"> A specific risk assessment should consider whether there are any additional risks from EM or NM working at height
9	Extreme cold or heat	<ul style="list-style-type: none"> EM - greater risk of suffering heat stress through prolonged exposure to hot environments. BFM- Breastfeeding may be impaired by heat dehydration. 	<ul style="list-style-type: none"> 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.

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		<ul style="list-style-type: none"> EM - Extreme cold may be a hazard to the EM and their unborn child. Risks are particularly increased if there are sudden changes in temperature. 	
10	Exposure to violence	<ul style="list-style-type: none"> EM – may be more susceptible to stress. Physical violence can result in severe injury to both EM and unborn child 	<ul style="list-style-type: none"> Activities should be assessed to determine the level of risk from potentially confrontational situations.
11	Vibration	<ul style="list-style-type: none"> EM– regular exposure to shocks / low frequency vibration (e.g. riding in off-road vehicles) or excessive movement may increase the risk of miscarriage EM – long term exposure to whole body vibration may increase the risk of premature birth / low birth weight NM– temporary increased susceptibility to jolts / low frequency vibration. 	<ul style="list-style-type: none"> EM and NM should avoid work likely to involve uncomfortable whole body vibration, especially at low frequency, or where the abdomen is exposed to shocks or jolts.
12	Exposure to tobacco smoke	<ul style="list-style-type: none"> EM - Passive smoking can affect the health of the EM. 	<ul style="list-style-type: none"> 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.
13a	Use of hazardous chemicals: Substances that carry hazard phrases: H340 May cause genetic defects; H341 Suspected of causing genetic defects; H350 May cause cancer; H351 Suspected of causing cancer; H360 May damage fertility or the unborn child; H361 Suspected of damaging fertility or the unborn child;	<ul style="list-style-type: none"> EM & BFM – chemicals 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. 	<ul style="list-style-type: none"> 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.

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	H362 May cause harm to breast-fed children.		
	<p><u>Note:</u> Some older chemicals in stock may still carry the previous system of 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>		
13b	Use of hazardous chemicals: Carbon monoxide	<ul style="list-style-type: none"> EM – the health risks should be determined for each individual case. EM – carbon monoxide cross the placenta and starve the unborn child of oxygen. The level and duration of maternal exposure are important factors 	<ul style="list-style-type: none"> 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.
13c	Use of hazardous chemicals: Antimitotic / cytotoxic substances	<ul style="list-style-type: none"> EM & BFM – the health risks should be determined for each individual case. EM - Long-term exposure can cause damage to the genetic information in sperm and eggs. 	<ul style="list-style-type: none"> 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.
13d	Use of hazardous chemicals: Mercury and mercury derivatives	<ul style="list-style-type: none"> EM & BFM – The health risks should be determined for each individual case. EM – organic mercury compounds can slow the growth & disrupt the nervous system of an unborn child. BFM- organic mercury compounds in the mother can pass into breast milk 	<ul style="list-style-type: none"> 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.
13e	Use of hazardous chemicals: Lead and lead derivatives	<ul style="list-style-type: none"> EM & BFM – the health risks should be determined for each individual case. EM – uncontrolled exposure to lead is associated with miscarriages, stillbirths and infertility & can impair the development of the child's nervous system. BFM – lead compounds in the mother can pass into breast milk & can impair the development of the child's nervous system. 	<ul style="list-style-type: none"> Maximum permissible blood levels are set; the level for women of reproductive capacity is lower. Those who work with lead to an extent defined by CLAW are subject to medical surveillance. Once pregnancy is confirmed, women subject to medical surveillance will normally be suspended from work that exposes them significantly to lead. Exposure of breastfeeding mothers to lead must be reduced to the lowest practicable levels.

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14	Biological agents: Infections Zoonoses	<ul style="list-style-type: none"> EM & BFM– the health risks should be determined for each individual case. EM & BFM– if the mother is infected, then the infection may be passed to the child. Infection of the child may occur through the placenta, during childbirth, during BFM or through contact. Examples of agents include hepatitis B, HIV, chickenpox and TB. Rubella and toxoplasmosis can harm the unborn child, as can cytomegalovirus and Chlamydia. 	<ul style="list-style-type: none"> Work that involves exposure to hazardous substances must be subject to a specific risk assessment. Such assessments must consider expectant and new mothers. Female workers should declare their pregnancy and whether breastfeeding as soon as possible. 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. EM and BFM must avoid all work with HG3 organisms. EM and BFM should avoid handling - HIV, HepB, HepC, Syphilis, VZV, CMV, Rubella, Herpes virus, Influenza virus, Candida spp., Coxiella and Brucella. EM should avoid direct contact with colleagues who are known to have chickenpox and German measles (Rubella) unless they know they are immune. EM should avoid direct contact with persons known to have cytomegalovirus, parvo virus (Slapped Cheek Syndrome) or severe influenza (avian/swine flu). 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.
15	Ionising radiation	<ul style="list-style-type: none"> EM – radioactive materials can cross the placenta. EM – radioactive materials in the mother can irradiate the unborn child. NM– radioactive contamination on the mother's skin can be passed to the child by contact. BFM- radioactive materials in the mother can pass into the breast milk. 	<ul style="list-style-type: none"> Female workers exposed to ionising radiation need to declare their pregnancy and whether breastfeeding as soon as possible. Controls to be sufficient to prevent exposure to the unborn baby of greater than 1mSv (from all sources) during the declared term of the pregnancy Whilst breastfeeding, the employee must not do any work involving a significant risk of radionuclide intake or contamination Specific risk assessment is required before work begins. Work procedures must keep exposure of EM and BFM to ALARP.
16	Non-ionising radiation / EMF	<ul style="list-style-type: none"> EM - Exposures should be below any action levels. 	<ul style="list-style-type: none"> A complete risk assessment should be carried out on the equipment and advice can be sought from the manufacturer

#	Hazards	How an expectant or new mother / her unborn or breastfeeding child may be affected	Required controls & measures
	(electro-magnetic fields)		
17	Work in confined spaces	<p>EM – may find access unreasonably difficult, especially in respect of emergency escape or rescue.</p> <p>EM – may be more susceptible to lowered oxygen levels.</p> <p>EM and NM – may be less able to handle the equipment (manual handling).</p> <ul style="list-style-type: none"> • EM – may be unable to wear the required PPE. 	<ul style="list-style-type: none"> • Work in confined spaces must be avoided SFAIRP. If work is necessary, preference should be for another person to do the task. • Specific confined space assessment should be made. • All confined space work must have a SSOW and emergency rescue arrangements in place.