

# SAFE WORKING PROCEDURE

## New and Expectant Mothers

CORPORATE HEALTH & SAFETY | VERSION 6.03 | May 2024

### **STATEMENT:**

In order to comply with legislation and fulfil statutory responsibility, the council must make sure that:

- All work activity risk assessments consider the risks for new and expectant mothers and communicate controls to employees.
- A specific risk assessment is carried out as soon as notification is given of pregnancy or breastfeeding.
- Suitable rest facilities for workers who are pregnant, or breastfeeding are provided.

### **SCOPE:**

This Safe Working Procedure (SWP) applies to:

- All managers including headteachers referred to as managers herein.
- All employees of Southampton City Council.



## 1. Responsibilities

**Head of Service/ Head Teachers are responsible for ensuring compliance with this SWP and must:**

- 1.1. Ensure all work activity risk assessments consider the risks for new and expectant mothers and communicate to employees.
- 1.2. Ensure a specific New and Expectant Risk Assessment is carried out as soon as notification is given of pregnancy or breastfeeding.
- 1.3. Provide suitable rest facilities for workers who are pregnant or breastfeeding.

**Service Manager/ Manager are responsible for ensuring compliance with this SWP and must:**

- 1.4. Consider the risks for new and expectant mothers when carrying out activity/task risk assessments.
- 1.5. Carry out a specific New and Expectant Mothers Risk Assessment as soon as notification is given of pregnancy or breastfeeding.
- 1.6. Review the risk assessment as the pregnancy progresses and as circumstances dictate.
- 1.7. Organise suitable rest facilities for workers who are pregnant or breastfeeding.

**New and expectant mothers must:**

- 1.8. Notify their line manager when there is confirmation that they are pregnant and or intending to breastfeed upon their return to work.
- 1.9. Comply with any control measures identified within the risk assessment.

## 2. Procedures

- 2.1. The Health and Safety Executive have produced a microsite '[Health and Safety for New and Expectant Mothers](#)' to guide managers, new and expectant mothers through the process and should be read in conjunction with the procedure below.
- 2.2. Managers are required to assess risks to all their employees and to do what is reasonably practicable to control those risks. This must include any hazards/risks to new and expectant mothers, see [SWP Risk Assessment](#).
- 2.3. It is important that female employees inform their employers that they are pregnant, have given birth in the previous six months or are breastfeeding. The notification should be given in writing, as early as possible. ([HR Payroll Forms – Notification of Pregnancy](#)).
- 2.4. When managers receive notification from an employee that she is pregnant, has given birth within the previous six months or is breastfeeding, a specific risk assessment must be carried out. It is recommended that the immediate line manager carries out the assessment as they have an understanding of the work activities to be carried out. The assessment must take into account any advice provided by the woman's GP or Midwife on her health. See H&S Forms '[New and Expectant Mothers Risk Assessment](#)'.
- 2.5. A formal review of existing risk assessments should be undertaken and reviewed regularly as the pregnancy advances and on return back to work after maternity leave, any pre-existing medical condition or disability may also be relevant. If a risk is identified during pregnancy, then appropriate means of controlling the risks is required.
- 2.6. In addition to known hazards presented by the work activity itself, ([See Appendix 2](#)) there are aspects of pregnancy that may impact on the way the individual is able to work. Such aspects including sickness, backache, increasing size, frequent visits to the toilet, tiredness, dexterity, agility, balance and comfort. Managers must give consideration to these aspects as circumstances dictate. Changes of work activity or the way in which an activity is carried out may be required.

- 2.7. Pregnant workers may, at times, suffer from fatigue and other effects, especially during the latter months of the pregnancy. If an expectant mother is in need of rest during the working day, she should be permitted to sit in a suitable and quiet area of the building, e.g. office/meeting room.
- 2.8. Where the need for regular rest periods has a significant impact on work, the line manager may request an assessment by Occupational Health. This could include whether sickness leave or statutory maternity leave should commence. (See [Appendix 1 for actions flowchart](#)).
- 2.9. Occupational Health can provide a Workplace Assessment for newly expectant mothers. The manager must request this through the Occupational Health referral process (see [Occupational Health Referral Form](#)).
- 2.10. Breastfeeding
  - 2.10.1. There is no fixed time span for breastfeeding and it may vary considerably. During breastfeeding, the worker must not be exposed to risks that could adversely affect her health or that of the baby. See [Infection Risks to New and Expectant Mothers in the Work Place](#).
  - 2.10.2. Suitable facilities must be provided, to enable the mother to comfortably breastfeed their child.
- 2.11. Facilities to rest, breast feed or express milk
  - 2.11.1 Room 153 is available at the Civic Centre for resting, breast feeding or expressing milk. It is situated opposite reception, where a key to gain access is available. Paper towel and cleaning spray is available in the room for use as required and toilet facilities are available nearby if needed.
  - 2.11.2 There are also rooms available in the Civic North Block (rooms 341 and 344), which have comfortable chairs available for resting, breast feeding or expressing milk. Please note, room 341 is set up as a prayer room, however it may be used by new or expectant mothers if needed, if it is not already occupied.
  - 2.11.3 Expressed milk may be stored in office fridges if required (clearly labelled).
  - 2.11.4 Resting rooms at the Civic may be used by staff from any SCC location if suitable facilities are not available locally.

### 3. Safe Working Procedures Relevant to This Document

- 3.1. SWP Risk Assessment
- 3.2. SWP Display Screen Equipment
- 3.3. SWP Manual Handling
- 3.4. SWP Control of Substances Hazardous to Health
- 3.5. Related forms
  - 3.5.1. Notification of Pregnancy Form (HR Payroll Form – F19)
  - 3.5.2. Occupational Health Referral Form

Note: Other safe working procedures may apply and the assessor should consult the SWPs. An A-Z is available on the Council's [Health and Safety Intranet](#).

### 4. Main Legislation Relevant to This Document

- 4.1. [Health and Safety at Work etc. Act](#)
- 4.2. [The Management of Health and Safety at Work Regulations](#)
- 4.3. [Control of Substances Hazardous to Health Regulations](#)
- 4.4. [Health and Safety \(Display Screen Equipment\) Regulations](#)
- 4.5. [Manual Handling Operations Regulations](#)

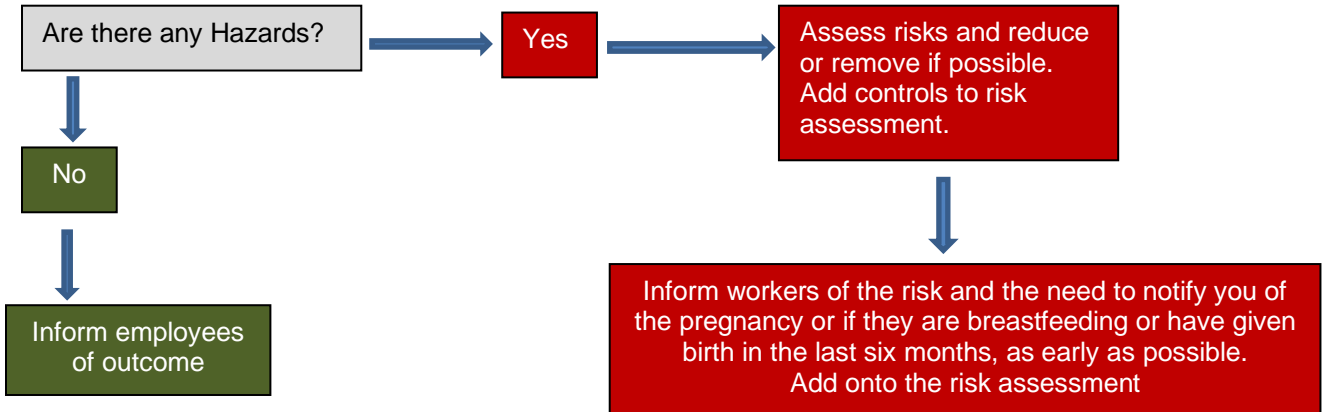
## 5. Contact Address's and Guidance Links

- 5.1. Health and Safety Executive  
[www.hse.gov.uk](http://www.hse.gov.uk)
  - 5.1.1. [New and Expectant Mothers](#)
  - 5.1.2. [Health and Safety of new and expectant mothers who work](#)
  - 5.1.3. [Five Steps to Risk Assessment](#)
  - 5.1.4. [Talking leaflet version](#)
- 5.2. Corporate Health and Safety Service  
[Health and Safety Intranet](#)

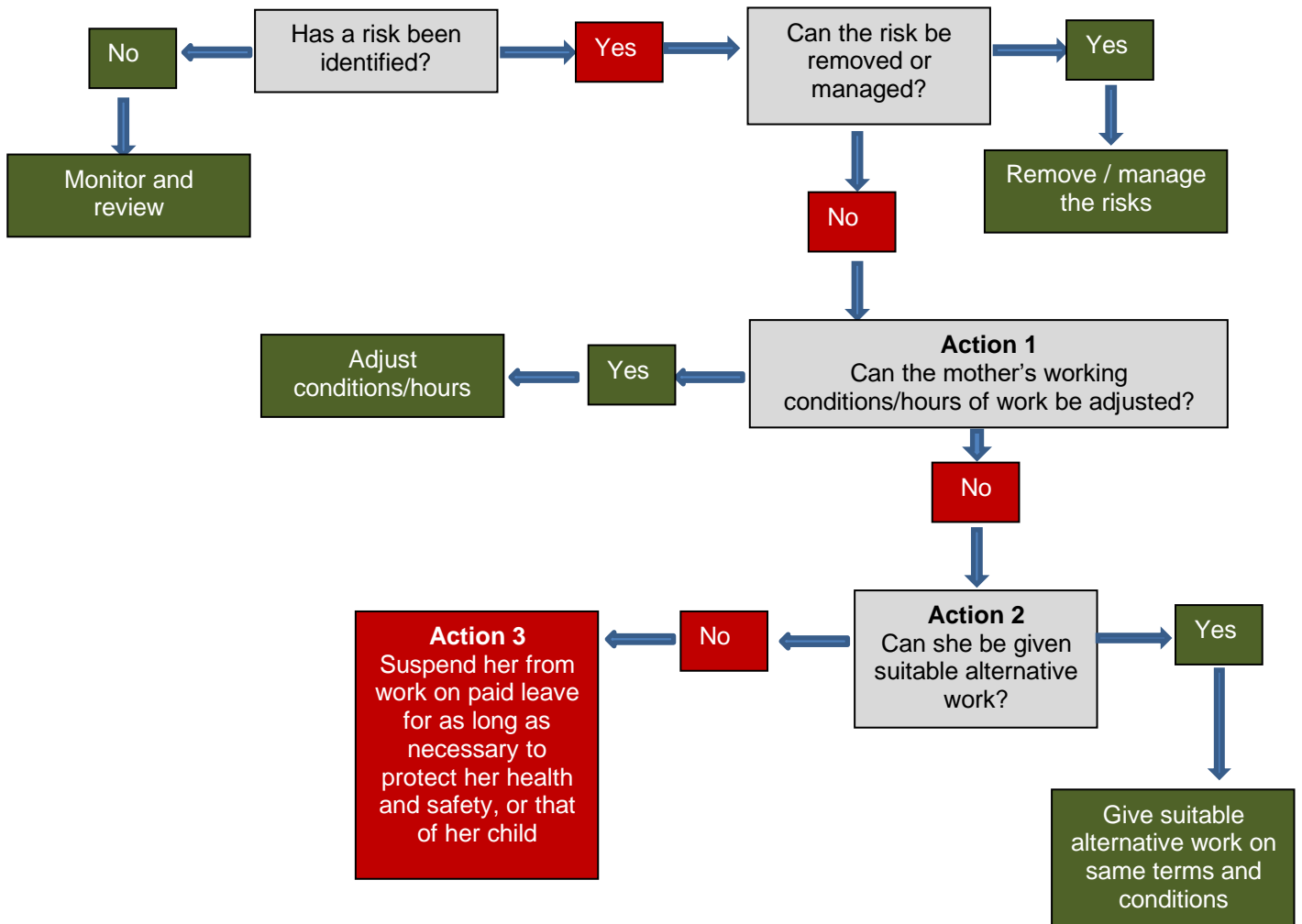
For full contact address visit the health and safety intranet [Useful Contacts](#).

# Actions Flowchart

## Stage 1 – Initial Risk Assessment



## Stage 2 – On notification of pregnancy, birth or breastfeeding Carry out a specific risk assessment based on initial assessment



## Summary of Known Hazards Which May Affect the Health and Safety of New or Expectant Mothers

Hazard	Potential risk to new or expecting mother or her child	Action for prevention or control
<b>Psychosocial</b>		
<b>Fatigue</b>	Fatigue from standing and other heavy physical work has been associated with premature birth, low birth weight and miscarriage	Avoid excessive hours and workloads. Allow employee to have some control over organising work. Provide suitable rest facilities.
<b>Shift Work</b>	No specific known risks unless pre-existing medical condition.	A GP or midwife may certify a pregnant woman unable to do night work.
<b>Pre-existing medical conditions</b>	All the above advice assumes a healthy individual with no pre-existing medical conditions or disability.	Risk may be greatly increased in the presence of disease or disability. Refer to own GP and to Occupational Health Service for advice.
<b>Mechanical</b>		
<b>Manual Handling</b>	Hormonal changes in pregnancy may increase the risk of ligament injuries. Advanced pregnancy may cause postural problems. Particular care should be taken in the first three months after giving birth. Manual handling may be dangerous within three months of having a Caesarean section.	Avoid manual handling of loads where reasonably practicable and in all cases perform regular risk assessments as the pregnancy advances and after delivery.
<b>Workstations or confined spaces</b>	Increasing size as pregnancy advances may make work in confined spaces (including workstation in cramped office) uncomfortable and possibly dangerous.	Review workplace ergonomics and environment. Complete a new DSE assessment.
<b>Use of personal protective equipment</b>	Use of PPE may be difficult and possibly ineffective as pregnancy advances. Work clothes may cause unnecessary discomfort or restriction	Regular risk review new work / clothing

<b>Chemical</b>		
<b>Hazardous Substances</b>	Over 200 substances may be hazardous to new or expectant mothers. Substances assigned the following Hazard Statements should be identified: H351: Suspected of causing cancer H350: May cause cancer H340: May cause genetic defects H350i: May cause cancer by inhalation H360: May damage fertility or the unborn child H361: Suspected of damaging fertility or the unborn child H362: May cause harm to breast fed children	Particular attention should be given to performing COSHH risk assessments with new or expectant mothers. Work should be restricted until a risk assessment is undertaken and any identified risks prevented or controlled
<b>Ionising Radiation</b>	Significant exposure can harm the foetus. Contamination of the skin may expose a breast-fed child.	Reduce exposure as low as reasonably practicable and follow statutory dose limits for pregnant women
<b>Electromagnetic fields</b>	No specific risk. There has been considerable unproven public concern about miscarriage and birth defects caused by working with Display Screen Equipment.	Give concerned individuals the opportunity to discuss with Site safety Rep
<b>Vibration</b>	Low frequency vibration or excessive movement may cause increased risk of miscarriage.	Avoid
<b>Environmental tobacco smoke, dusts, vapours, fumes etc</b>	The mutagenic and carcinogenic effects of tobacco smoke are well known. Smoking in pregnancy can cause growth retardation and respiratory problems in infants. There is increasing evidence of adverse effects related to passive smoking.	All pregnant women should be encouraged to stop smoking. All work environments should be smoke free, following Council policy.
<b>Heat</b>	Pregnant women are less tolerant of heat stress	Avoid
<b>Biological</b>		
<b>Infection</b>	Many biological agents can infect the unborn child if the mother is infected in pregnancy. There may also be a risk of transmission in breast milk. E.g. HIV, hepatitis B, TB, chickenpox and typhoid Some agents may cause birth defects or abortion e.g. German measles (rubella), cytomegalovirus, toxoplasmosis and Chlamydia.	Risk assessment should take account of the nature of the agent and risk of infection. Health care workers are at particular risk and should have an updated immunisation programme. Containment, use of PPE (personal protective equipment etc), vaccination or total avoidance of exposure may be appropriate.