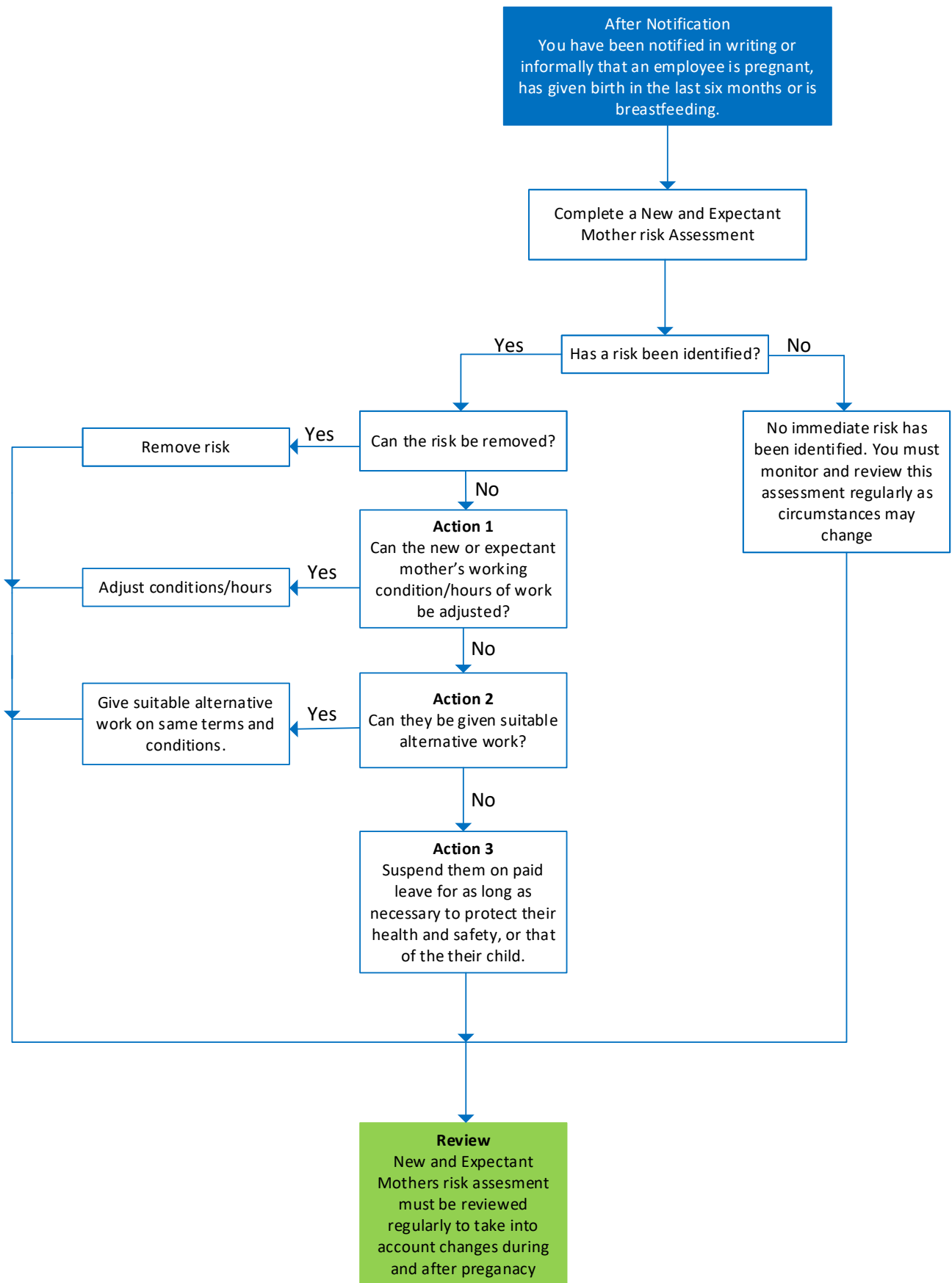


## New And Expectant Mothers Appendix 1

- [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 people 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 new or expectant mother, 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 identifies Pregnancy and Maternity as a protected characteristic - depending on the circumstances, discrimination could include failing to carry out a risk assessment under MHSW regarding a pregnant worker.

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## New And Expectant Mothers Appendix 3



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## New And Expectant Mothers Appendix 3

PHYSICAL HAZARDS		
Identified Hazards	How an expectant or new mother or her unborn or breastfeeding child may be affected	Risk control measures
Movements and postures	<p><b>Standing:</b> 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><b>Sitting:</b> 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><b>Confined space:</b> 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 <a href="#">DSE workstation checklist</a></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 leading to difficulty evacuating when required.	Arrange a Personal Emergency Evacuation Plan (PEEP) for the individual by contacting <a href="mailto:peeps@sussex.ac.uk">peeps@sussex.ac.uk</a>
Manual handling and/or repetitive tasks  (of loads where there is a risk of injury)	<p>Hormonal changes in pregnancy can affect the ligaments increasing susceptibility to injury; postural problems may increase as the pregnancy progresses.</p> <p>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.</p>	<p>It may be possible to alter the nature of the task undertaken to reduce the risk of injury for <u>all</u> workers involved.</p> <p>Or it may be necessary to reduce the amount of manual handling (or use aids to reduce the risks) for the specific person involved.</p>

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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.	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 team if in doubt).
Compressed air environments (Diving)	Fetuses are at increased risk from Gas Embolisms	Pregnancy is viewed as a medical reason <b>not to dive</b> . Breast feeding mothers should seek more advice on diving from their Midwife or GP.
Ionising radiation	Damage to unborn Child and breastfeeding child	New or Expectant mothers working with Ionising radiation should contact the <a href="#">Radiation Protection Officer</a> before continuing with work.  Nursing mothers should not work where the risk of contamination is likely.  Further information is available in the <a href="#">HSE document: INDG334 'Working safely with ionising radiation: guidelines for expectant or breastfeeding mothers'</a> .
Non-ionising radiation	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 radiofrequency (RF) radiation could cause harm	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.

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New **WORKPLACE CONDITIONS**

Access to facilities	<p>May suffer nausea during the day and 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 &amp; 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>Breastfeeding mothers should be able to express milk in a private, secure location – toilets are not an acceptable location for expressing milk. Wherever possible, staff should have access to a fridge to store the expressed milk and shared/ communal fridges such as those in staff rooms are suitable.</p> <p>Drinking water should also be readily available. Work routines and locations must ensure that expectant mothers are able to promptly use toilet facilities.</p>
Workstations	<p>Changes in size &amp; shape can create ergonomic problems.</p> <p>Hormonal changes can affect ligaments &amp; increase susceptibility to injury</p>	<p>Workstation assessment should be reviewed at intervals during the pregnancy and on return to work.</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 &amp; shape can create ergonomic problem.</p> <p>Hormonal changes can affect ligaments &amp; 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. Please consult the <a href="#">Health and Safety A to Z</a> for more information</p>
Excessive hours / night work	<p>Some evidence to say that night work can cause complications.</p>	<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 her unborn child's health.</p>
Stressful working	<p>Stress is associated with increased incidence of miscarriage and impaired ability to breastfeed. Stress can also lead to anxiety and depression.</p>	<p>Risk assessments must take account of organisational 'stressors' (e.g. work demands, work hours, organisational change) and the</p>

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conditions	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'.	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 and/or Aggression	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 to expectant mother and unborn child.
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</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 <b>specific risk assessment</b>. Such assessments must consider expectant and new mothers.</p> <p>Workers should declare their pregnancy and whether breastfeeding as soon as possible.</p> <p>Avoid all work with HG3 or greater organisms.</p> <p>Avoid handling - HIV, HepB, HepC, Syphilis, VZV, CMV, Rubella, Herpes virus, Influenza virus, Candida spp., Coxiella and Brucella.</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>Avoid working with Animals to avoid Zoonotic diseases</p>

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CHEMICAL AGENTS		
Identified Hazards	How an expectant or new mother or her unborn or breastfeeding child may be affected	Risk control measures
Carcinogens, mutagens, and teratogens	Hazardous substances can enter the body by inhalation, ingestion, or absorption through the skin where they may cause adverse effects for both Expectant and New mothers and their child.	<p>New or Expectant mothers 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 <b>specific Control of Substances Hazardous to Health (COSHH) assessment</b>. 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 <b>specific COSHH assessment</b>. All such assessments must consider expectant and new mothers.</p>
Lead and lead derivatives	<p>Uncontrolled exposure to lead is associated with miscarriages, stillbirths and infertility &amp; can impair the development of the child's nervous system.</p> <p>Lead compounds in the mother can pass into breast milk &amp; can impair the development of the child's nervous system.</p>	<p>Maximum permissible blood levels are set at 60ug/dl and a lower level for women of reproductive capacity which is 30ug/dl. 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 be suspended from work that exposes them significantly to lead.</p> <p>Exposure of breastfeeding mothers to lead must be reduced to the lowest practicable levels.</p>

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<p>Antimitotic (cytotoxic) drugs. May be encountered in health treatment</p>	<p>These drugs are used in cancer chemotherapy and can arrest the multiplication of living cells.</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. 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. These drugs are covered by COSHH, and <a href="#">HSE Guidance Note MISC 615 Safe Handling of Cytotoxic Drugs</a> 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.</p>
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