

New or Expectant Mothers Risk Assessment

(includes return to work after Maternity leave)

Guidelines

This risk assessment is to be completed in collaboration between the line manager and staff member.

The main outcome is to ensure the health and wellbeing of the unborn child and the expectant worker. It will require regular reviews for when conditions change. It is therefore recommended to review the risk assessment at least once every trimester and on return to work.

The employee should be offered the opportunity to have an assessment done by someone other than their manager if they do not want to disclose certain issues to them. This could be with a member from the [SHE Group](#) or [Occupational Health](#).

Any issues raised by staff need to be discussed so that suitable measures can be explored.

How to complete

The risk assessment is divided into four parts: A, B, C and D. Part A contains general information about location, who the assessment is for, who it is carried out by and useful dates.

Part B is a list of the most common actions that arise from a new or expectant mothers risk assessment. Use the Hazard List to understand pregnancy related hazards and the suggested measures to reduce risk. Hazards where common actions arise are featured at the top of the list.

There are multiple factors to consider in the risk assessment. Part C will help to identify those further hazards that could affect the health and wellbeing of mother and child so that suitable controls can be implemented. The Hazard list should be completed by adding applicable hazards, followed by relevant agreed control measures to Table 'C'.

Part D is to be completed when the mother returns to work from maternity leave. Part B should be reviewed at the same time.

Additional support

- [Health Assured Employee Assistance Programme](#) – 24/7 access to support and wellbeing resources available through UKRI
- [UKRI Family and Pay Policy](#)
- [UKRI Parenting Network](#)
- [UKRI Family Leave](#)
- [Guidance from HSE](#) on new and expectant mothers H&S legal rights
- [List of nurseries at or close to STFC sites & childcare vouchers](#)

This document is confidential when completed. Please password protect and store locally by line manager and staff member. Do not upload to Evotix Assure.

A. General Information

Reference	Enter if applicable	Review date	Pick a review date
Department	Enter or choose a Dept.	Site, Building & Office number	Click here to enter
Risk Assessment for:	Name of new or expectant mother	Expected due date	Click here to select a date
Completed by:	Name of line manager	Initial assessment date	Click here to select a date
Job role (typical tasks)			
Please include a brief description of typical day-to-day tasks that the new or expectant mother carries out. This will help getting an idea of which hazards may be involved.			

B. Summary of general arrangements to minimise risk to mothers (see suggestions below in the Hazard List)

Action	Required	Details of arrangement
Rest Facility	<input type="radio"/> Yes <input type="radio"/> No	
Frequent breaks	<input type="radio"/> Yes <input type="radio"/> No	
Equipment for local heating or cooling	<input type="radio"/> Yes <input type="radio"/> No	
Review Workstation Risk Assessment	<input type="radio"/> Yes <input type="radio"/> No	
PEEP assessment	<input type="radio"/> Yes <input type="radio"/> No	
Driving & Parking	<input type="radio"/> Yes <input type="radio"/> No	
Pre-existing Personal Risk Assessment	<input type="radio"/> Yes <input type="radio"/> No	

C. Identified hazards and control measures (use the Hazard List for guidance)

Hazard	Pregnancy specific control measures (in addition to existing risk assessments)
Click here to select from the dropdown list or type in a hazard	Click here to enter agreed measures

D. Complete when returning to work

It's important to clarify if the mother is intending to breastfeed before they return to work as some hazards may still pose a risk to the infant. If applicable, review measures above and keep in place for the entire duration of the breastfeeding period.		Applicable	Date of return to work:
		<input type="radio"/> Yes <input type="radio"/> No	Click here to select a date
Hazard	Additional control measures (in addition to the existing risk assessment)		
Click here to select from the dropdown list or type in a hazard	Click here to enter agreed measures		

Hazard List

Guidance to understand pregnancy related hazards



Science and
Technology
Facilities Council

Following actions and associated hazards are included in Table B

Common hazards	What's the risk?	Actions to consider to reduce risk
Welfare, lack of	<p>Rest is important for new and expectant mothers. Tiredness increases during and after pregnancy and may be exacerbated by work-related factors. The need for rest is both physical and mental. Sometimes they may need to leave their workstation/activity at short notice more frequently than normal.</p> <p>Without easy access to toilets, there may be increased risk of infection and kidney disease.</p> <p>Access to appropriate facilities for breastfeeding mothers to express and safely store milk may significantly protect the health of both mother and infant.</p>	<p>Action (Rest Facility):</p> <ul style="list-style-type: none"> • The need for physical rest may require that the worker has access to somewhere where they can sit or lie down comfortably in privacy, and without disturbance, at appropriate intervals. • Provision of easy access to toilet facilities and more frequent breaks from work activity. If in a shared office, consider allocating a desk closer to toilets. • Access to drinking water should also be available. • Hybrid working may also be considered. • Nursing room available at DL (A73 in Block A) and RAL (R71, Room 1.30).
Fatigue incl. backache - from prolonged standing, sitting or physical activity.	<p>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>Pregnancy 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>Backache in pregnancy may also be associated with prolonged work, poor working posture, and excessive movement.</p> <p>A pregnant worker may need more workspace or may need to adapt the way they work (or the way they interact with the work of others or work equipment) as pregnancy changes both their size and the ways in which they can move, stand or sit still for a long time in comfort.</p>	<p>Action (Frequent Breaks):</p> <ul style="list-style-type: none"> • Pregnant worker should avoid long periods spent handling loads, standing or sitting without regular exercise or movement to maintain healthy circulation. • You should provide the opportunity to alternate between standing and sitting. If this is not possible, you should provide for breaks. • You should provide the opportunity to alternate between activities. If this is not possible, you should provide for breaks.

	Walking is considered a safe activity during pregnancy because it works the cardiovascular system without taxing your muscles and joints, however pregnant worker may need to slow down as pregnancy progresses or if the maternity team advises to do so.	
Extremes of Temperature (hot/cold) / Humidity	<p>Pregnant workers tolerate heat and cold less well and may more easily faint or be more liable to heat stress.</p> <p>Heat dehydration may also impair the ability to breastfeed.</p> <p>Working in extreme cold may pose a hazard for expectant mothers and their unborn child. Particularly, if there are sudden changes in temperature.</p>	<p>Pregnant workers should not be exposed to prolonged excessive heat or cold at work.</p> <p>Action (Equipment for local heating or cooling):</p> <ul style="list-style-type: none"> • Provision of a desk fan or local heating may be necessary. • Provide adequate rest and refreshment breaks alongside unrestricted access to drinking water
Display Screen Equipment / Workstation	<p>Inappropriate size, layout, or space in relation to the workstation or work area can cause issues such as difficulties getting in/out of the workstation due to increasing size and reduced mobility, dexterity and/or balance during pregnancy.</p> <p>Issues with sitting for long periods, particularly during the later stages of pregnancy.</p> <p>A different seat may be required e.g. with additional back support.</p>	<p>Action (Review Workstation Risk Assessment):</p> <ul style="list-style-type: none"> • A workstation risk assessment should be completed. It may be necessary to review as the pregnancy develops. Any existing adjustments already in place should be reviewed. • Some may benefit from either a standing desk or desk riser which will allow switching between standing and sitting. • Ensure sufficient room to enable pregnant worker to get in/out of their workstation.
Access / Egress – Evacuation, delayed	Mobility may be impaired during later stages of pregnancy. Long travel distances or any obstacles in corridors or offices could cause problems for pregnant workers, for example, during a fire evacuation.	<p>Action (PEEP assessment):</p> <ul style="list-style-type: none"> • Consider if a Personal Emergency Evacuation Plan (PEEP) is required. Get in touch with the Fire Safety Team or SHE Group if you need further advice.
Driving - to and from work	Driving to and from work carries risks such as fatigue, stress, vibrations and accidents for new mothers and pregnant workers. Additionally, as the pregnancy progresses, the space in the car may become increasingly restrictive and uncomfortable for the pregnant worker.	<p>Action (Driving & Parking):</p> <ul style="list-style-type: none"> • Alter work hours slightly for a while, if travelling in rush hour is exhausting for the pregnant worker. • Consider temporary parking on site for the remaining 4-8 weeks before giving birth and for a few weeks after returning from maternity leave to reduce walking distance to the workplace. Line managers may request this by contacting Security.

Pre-existing medical conditions	<p>Pre-existing medical conditions can be affected by pregnancy and could potentially lead to complications for both the mother and baby. Examples:</p> <ul style="list-style-type: none"> • Asthma • Congenital heart disease • Coronary heart disease • Diabetes • Epilepsy • Obesity 	<p>Action (Pre-existing Personal Risk Assessment):</p> <ul style="list-style-type: none"> • Review existing personal risk assessment to identify conditions that may be affected during and post pregnancy. Include any additional measures in this risk assessment. <p>The personal risk assessment should be reviewed if a medical condition is likely to be affected by the pregnancy after the breast feeding period (which is covered by this assessment).</p>
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Following hazards and actions are to be considered in Table C & D:

Mental hazards	Information for line managers to consider	Actions to consider to reduce risk
Mental ill-health	<p>Pregnant workers may experience:</p> <ul style="list-style-type: none"> • Low mood or sadness • Loss of motivation and enjoyment • Lack of concentration • Anxiety • Flashbacks, nightmares or feel intense distress when reminded of a past experience • Sudden attacks of panic or fear panic disorder • Obsessive thoughts and compulsive behaviour • Intense fear of giving birth 	<p>Provide relevant information on mental health problems in pregnancy and the postnatal period. See list of examples below.</p> <p>These may require more help, beyond basic self-care and peer support. If additional support is needed, contact Occupational Health or a GP.</p> <p>Additional health/wellbeing resources available to the mother:</p> <ul style="list-style-type: none"> • Tommy's • Mind • Maternal Mental Health Alliance • Pandas Foundation
Work related stress	<p>New and expectant mothers can be particularly vulnerable to stress in the workplace for various reasons including:</p> <ul style="list-style-type: none"> • Hormonal, physiological and psychological changes occur - sometimes change may happen rapidly during and after pregnancy which may affect the susceptibility to stress, anxiety or depression. • Concern over financial, emotional and job insecurity brought about by pregnancy. • Difficulties organising work and private life, especially with long, unpredictable or unsocial working hours or where other family responsibilities are involved. 	<p>Protective measures may include adjustments to working conditions or working hours, workload, priorities and ensuring that the necessary understanding, support and recognition is available during pregnancy and when the worker returns to work.</p> <p>If they feel that they are suffering from postnatal depression, colleagues should speak to their midwife or GP.</p> <p>Encourage the worker to speak with Occupational Health, or other medical professionals, if they are suffering signs and symptoms of postnatal depression. Various medical professionals will be able to issue the worker with a fit for work note. This will help the worker and line manager to understand how best to support the individual</p>

	<p>Stress may be associated with an increased incidence of miscarriage/pregnancy loss and impaired ability to breastfeed.</p> <p>Where someone has recently suffered a pregnancy loss, they may be especially vulnerable to stress, as will those who have experienced serious illness or trauma associated with pregnancy or childbirth. Postnatal depression can affect women in different ways and can begin soon after birth and last for a long period.</p>	<p>returning to work. Inform the worker of the support they are able to access via the Health Assured Employee Assistance Programme.</p>
Work/role hazard	What's the risk?	Actions to consider to reduce risk
Manual handling	<p>Hormonal changes can affect ligaments which increases susceptibility to injury and postural problems. The risk may increase as the pregnancy progresses. Therefore, pregnant workers are at an increased risk from manual handling injuries.</p> <p>There can also be risks for those who have recently given birth such as after a Caesarean section there is likely to be a temporary limitation on lifting and handling capability.</p>	<p>The changes will depend on the risks identified in the assessment and the circumstances of the work. For example, it may be possible to alter the nature of the task to reduce risks from manual handling. This could be done by:</p> <ul style="list-style-type: none"> • Providing mechanical lifting aids • Lighter duties to avoid excessive physical exertion • Avoid lifting (heavy, >5-10kg) items and lifting items from the floor or near head height
Ergonomics	<p>Static and improper posture can be more tiring or uncomfortable for pregnant women. Also as the stomach grows, it can make it difficult to reach items on desks and workstations which can lead to overstretching or sitting sideways leading to injuries.</p>	<p>Static posture may be prevented by:</p> <ul style="list-style-type: none"> • Alternating between sitting and standing • Trying to weight shift and moving around when standing <p>Arrange the workstation which may be a desk or benchtop so that items required for tasks are easily accessible.</p>
Working at height / climbing steep steps	<p>It is hazardous for pregnant workers to work at heights, even short durations off ladders or kick stool as they may have reduced agility and/or balance.</p>	<p>Avoid working at height and find alternative work. Coordinate work or provide support so that the pregnant worker does not need to work at height.</p>
Lone working (including working from home)	<p>Pregnant workers are more at risk than others when working alone, particularly if they fall or require urgent medical attention.</p>	<p>Assess the location, frequency and working pattern of lone working. Other factors such as medical condition and access to communication should also be considered. Where lone working cannot be avoided, consider:</p> <ul style="list-style-type: none"> • Establishing a frequency of regular contacts between the colleague and their line manager including when working from home • Use of a lone working device

Shocks or vibrations	There may be an increased risk of miscarriage from regular exposure to shocks and low frequency vibration for example driving or riding in off-road vehicles, using power/hand tools etc.	Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole-body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts.
Violence / intimidation	<p>Violence covers a large spectrum; it can in rare cases be extreme or be in the form of intimidation. However, a pregnant woman may be more susceptible which could lead to miscarriage, premature delivery, underweight birth and it may affect the ability to breastfeed.</p> <p>Pregnant workers working for example in Security or Reception who deals with members of the public, distressed people or emergencies may be more exposed.</p>	<p>Measures to reduce the risk of violence include:</p> <ul style="list-style-type: none"> • Providing suitable training to deal with conflicts. • Improving design layout of activities e.g. barriers, screens. • Change the job design e.g. reduce/remove the face-to-face contact with members of the public or remove lone working. <p>If it is not possible to significantly reduce the risk of violence, the pregnant worker and new mothers should be offered suitable alternative work.</p>
Ionising radiation	Significant exposure to ionising radiation can be harmful to the foetus. A child may also be exposed through breastfeeding, if the new mother work with radioactive liquids or dusts.	<p>Safe working practices should be designed to keep exposure of the pregnant worker as low as is reasonably practicable. Careful consideration should be paid to the possibility of nursing mothers receiving radioactive contamination. Alternative work may need to be arranged. In brief;</p> <ul style="list-style-type: none"> • Once notified of pregnancy, the dose to the foetus must not exceed 1 mSv during the remainder of the pregnancy. Use the Pregnancy dose assessment calculator spreadsheet and complete actions if prompted • Consult the RPA advice note on Radiation Risk Assessment: Pregnancy and Breastfeeding
Noise	<p>There is no direct or specific risk to new or expectant mother or foetus, prolonged exposure may cause tiredness and increased blood pressure. Excessive noise may harm an unborn child's hearing.</p> <p>Noise may be an issue in plant rooms, data centres or near loud equipment.</p>	<p>If you believe noise in the workplace is particularly noisy, for example consistently over 80 decibels, contact the SHE Group for a noise assessment.</p> <p>In some areas noise has been identified above limits and this is signposted. Reduce the time pregnant works spend in areas above the 'Lower Exposure Action Value' and plan work so that there is no need for entering areas above the 'Upper Exposure Action Value'.</p>
Non-ionising radiation, UV	Pregnant workers may experience an increased skin sensitivity to UV light which may increase the risk of skin burns. This is	Some UV sources may be fully enclosed and further action is not deemed necessary. Where there is a risk of UV exposure, the

sources incl. the sun	<p>particularly a risk for pregnant workers working with or close to UV sources or outside in direct sun light.</p>	<p>exposure limits must not be exceeded which vary depending on the specific wavelength(s). Current controls such as covering skin with clothing or wearing gloves may be sufficient to prevent exposure.</p> <p>Pregnant workers working outside are recommended to apply factor 50 sun cream, taking regular breaks in the shade and drinking plenty of water. Alternative work should be found if the pregnant worker is struggling with working outside.</p>
Electro-Magnetic Fields	<p>Working close to significant sources of EMF could cause heating effects which the foetus may be more susceptible to than an adult is.</p> <p>Examples of EMF generating equipment:</p> <ul style="list-style-type: none"> • Lighting equipment, energised by RF or microwave • Induction soldering • RF plasma devices including vacuum deposition and sputtering 	<p>Consult SHE Code 23 – Working with time-varying Electromagnetic Fields (EMF). In brief,</p> <ul style="list-style-type: none"> • Treat as an employee at particular risk and follow Council Recommendation Reference levels (Table 11 of Appendix 2) • Contact SHE Group for further advice if needed
Strong Static Magnetic Fields	<p>Strong magnetic fields can cause ferrous based metal items to become projectiles that may enter the body and harm the mother and/or unborn child.</p>	<p>Consider reducing or eliminating the need for working in areas where the action level for projectile risk is exceeded.</p>
Travel on Council Business	<p>Pregnant workers may be at an increased medical risk from business travel as well as poor posture from prolonged sitting which may increase the risk of deep vein thrombosis.</p> <p>There may also be an additional risk from infectious diseases in some countries.</p>	<p>Adjustments should be made to limit driving and travel times, particularly on council business.</p> <p>UK Travel arrangements should include:</p> <ul style="list-style-type: none"> • Adequate provision for rest breaks during the journey. • Travel times chosen to reduce levels of fatigue. • Carry out regular stretching exercises on flights. • Drink sufficient fluids. • The use of graded compression stockings. • Loose-fitting clothing to avoid constriction of veins. <p>For International Travel, in addition to the above, the FCDO and International SOS should be consulted. It may be necessary to contact your local GP if vaccinations are required so it's important to plan in advance. Travel to be scheduled to avoid restrictions</p>

		imposed by airlines on pregnant women (typically past 32 weeks). More information is available in SHE Code 8 – Travel on Council Business .
High Altitudes / travel on council business	There may be occasions when staff are required to visit / work at a location which is at a high altitude (i.e. over 10,000 feet). Pregnant workers are at an increased risk of the effects to low oxygen pressure which may also cause harm to the foetus.	Avoid traveling to areas at high altitudes. Where this is not possible, an individual's fitness should be assessed. It may be necessary to consult Occupational Health and plan enhanced emergency procedures. Consult SHE Code 8 for more information.
Chemical hazards	<p>New and expectant mothers including child are at an increased risk if exposed to certain chemicals. Chemicals may be in the form of dust, fumes, gas vapour, mist, liquids, solids, fibres. The list of hazard statements below are of particular concern but there may be others:</p> <ul style="list-style-type: none"> • H350 / H351: May cause cancer / suspected of causing cancer • H340 / H341: May cause genetic defects / suspected of causing genetic effects • H350i: May cause cancer by inhalation • H360 / H360D / H360FD / H360FD / H360Df / H361 / H361d / H361fd / H361d: May damage fertility or the unborn child / Suspected of damaging fertility or the unborn child • H362: May cause harm to breastfed children • H370: Causes damage to organs • H371: May cause damage to organs <p>Examples of other substances of concern:</p> <ul style="list-style-type: none"> • Mercury or mercury derivatives • Antimitotic (cytotoxic) drugs • Carbon Monoxide • Lead or lead derivatives • Chemical agents of known dangerous percutaneous (skin) absorption 	<p>New or expectant mother must not be exposed to chemical agents. Consider alternative tasks to working environment where exposure is recognised.</p> <p>Some substances such as for example organic mercury or lead also poses a risk for breastfeeding mothers so alternative tasks may need to remain in place until the mother is no longer breastfeeding.</p>
Biological hazards – including blood	The level of risk will depend on the type of work carried out, infectious disease and control measures. There will be an increased risk of exposure to colleagues who:	New or expectant mother must not be exposed to biological agents. Consider alternative tasks to working environment where exposure is recognised.

and/or bodily fluids	<ul style="list-style-type: none"> • have contact with human blood and body fluids • undertake first aid duties <p>Usually during pregnancy, pregnant workers are no more likely to catch an infection than at other times. However, in some cases, the infection may be more severe in pregnancy. It is important to remember that if the pregnant worker does become infected, some infections may be dangerous to their child.</p> <p>Guidance on infections that are known to present a risk to the foetus and new-born baby are detailed in appendix 2 of the HSE publication: https://www.hse.gov.uk/pubns/books/infection-mothers.htm</p>	<p>For low-risk work consider:</p> <ul style="list-style-type: none"> • Avoiding the use of or exposure to sharp objects such as needles, knives etc. If this is not possible, take particular care in handling, cleaning and disposal • Protecting all breaks in exposed skin by means of waterproof plasters and/or gloves. • Remind the colleague of good basic hygiene practices in the workplace, such as regular hand washing. <p>If the pregnant worker is a first aider, they should be relieved from their duties. Contact SHE Group to arrange as soon as possible so they can assess if replacement cover is required.</p>
Slips, trips & falls	<p>Increased risk of injury to pregnant worker and foetus due to physical change and/or hormonal changes.</p>	<p>Eliminate slips, trips and fall hazards in the work area.</p>
Night work or shift work	<p>Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding.</p> <p>Not all pregnant workers are affected in the same way, and the associated risks vary with the type of work undertaken, the working conditions and the individual concerned.</p> <p>Generally, due to increased tiredness, some pregnant and Breastfeeding workers may not be able to work irregular or late shifts or night work, or overtime.</p> <p>Many of the issues faced by shift workers apply equally to people of all genders. However, pregnant workers may find night work extremely tiring.</p>	<p>It may be necessary to adjust working hours temporarily, as well as other working conditions, including timing and frequency of rest breaks, and to change shift patterns and duration to avoid risks.</p> <p>Night work may need to be altered so that alternative day work can be organised for pregnant women where required.</p> <p>If a worker has a GP/midwife medical note stating that they must not do night work, transfer to a suitable alternative shift. If a change in shift is not possible, then the worker must be medically suspended on full pay for as long as necessary.</p>
PPE, unsafe	<p>Any task involving PPE may become more hazardous as it may no longer fit or be suitable due the pregnant worker's changing shape/size as pregnancy develops.</p>	<p>You must not allow unsafe working. Ensure supply and replacement when required of suitable PPE during and post pregnancy.</p>