LIVERPOOL HOPE UNIVERSITY
1844

NEW AND EXPECTANT MOTHERS

CODE OF PRACTICE

Responsibility for Policy:	Health and Safety
Approved by and date:	University Council 4th July 2013
Frequency of Review:	5 Yearly
Next Review date:	25th August 2029
Related Policies:	University Health and Safety Policy, Maternity Policy, (Student) Pregnancy, Maternity, Paternity and Adoption Policy
Minor Revisions:	Inclusion of HSE definition, inclusion of risk profile hazards and rest facility Information. Example control measures added to RA Template and further hazards added.

This code of practice applies to employees and is separate from linked Codes of Practice applicable to student pregnancy and outlines the expectations the University will fulfil with regards to the health and safety of new and expectant mothers; these expectations are underpinned by Health and safety at Work Act, 1974, Workplace (Health, Safety and Welfare) Regulations 1992, and Section 3 of the Management of Health and Safety at Work Regulations 1999, which imposes a legal duty on the University to assess the health and safety risks that employees may be exposed whilst at work. This code of practice should be read in conjunction with the University's - Maternity Policy.

New or Expectant Mother

For the purposes of this Code of Practice the Health and Safety Executive's definition will be used. New or expectant mother means a worker who is pregnant, who has given birth within the previous six months, or who is breastfeeding.

The University should take immediate action upon receiving written notification from an employee and ensure appropriate measures are in place to control hazards identified. More specifically, section 16 of the Management of Health and Safety at Work Regulations requires that risk assessments should identify any specific risks to females of childbearing age who could become pregnant, along with any risks to new or expectant mothers. These risks may be as a result of processes, activities, working conditions, physical, chemical or biological agents.

Risk Assessment

Once written notification has been received informing the University that an employee is a new or expectant mother then the University shall consider any risk identified through their workplace risk assessments, if this risk assessment identifies any risks that cannot be avoided by taking preventative and protective measures, then the University will act to remove, reduce or control the risk. Where the risk cannot be removed, one of the following actions must be taken;

1) Temporarily adjust the member of staffs working conditions and / or hours of work or;
2) Offer suitable alternative work (at the same rate of pay) if available or;
3) Suspend the member of staff from work on paid leave as long as necessary to protect her health and safety.

Whilst risk assessments specific to new and expectant mothers are not a legal requirement they may be used as part of the above process whereby a decision is made regarding the appropriate action to be taken.

Hazards with a Specific Increased Risk to Some Pregnant Workers

Manual handling

Pregnant women may be more vulnerable to some manual handling tasks that those who are not.

Ionising Radiation

Ionising Radiation is within the risk profile of Health Sciences and Geography and Environmental Sciences Department. No employee should be exposed to a level of ionising radiation which is above the background level or even close to approved dose levels in compliance with local rules and RRA, includes pregnant women. There are no classified radiation workers currently at the University and no work should involve significant exposure to ionising radiation. Further expert advice can be obtained from the Radiation Protection Adviser (RPA).

Chemical Agents

Pregnant women should not be exposed to chemicals identified by hazard statements H340, H341, H360, H361 and H362. Work with such chemicals should be controlled to avoid exposure or avoided entirely during pregnancy.

Biological Agents

Some biological agents represent an increased risk to the unborn child during early pregnancy. The maternal immune system effectively protects the unborn child from most endemic community acquired infections and pregnant women do not need to avoid contact with healthy colleagues. Examples of biological agents which would represent an increased risk to the unborn child include Chlamydophila abortus, Rubella virus, Varicella-zoster virus, Toxoplasma gondii, Cytomegalovirus and Listeria monocytogenes. Pregnant women should not be exposed to these biological agents during laboratory work. Work with such biological agents should be controlled to avoid exposure or avoided entirely during pregnancy. If there is any doubt about the hazardous nature of a biological agent during pregnancy after completion of the COSHH risk assessment, advice about control measures should be sought from the Health and Safety Adviser.

Other hazards

There may be aspects of the work environment that may require assessment, for example in regard to the employee's workstation.

Night Shift Workers

Where new or expectant mothers work regular night shifts and where a medical certificate is provided to demonstrate that her current working pattern is likely to affect her health then the University will adopt actions outlined above under point 2 and subsequently under point 3 if no other alternative is feasible. This arrangement is outlined under the Employment Rights Act 1996.

Workplace (Health, Safety and Welfare) Regulations 1992 (the workplace regulations) requires the University to provide suitable rest facilities for new or expectant mothers. These facilities should be suitable, sufficient and suitably located. The University shall also uphold the rights of all new and expectant mothers in accordance the Equality Act 2010.

Rest Facilities and Expression and Storing Milk

The University is legally required to provide somewhere for pregnant and breastfeeding members of staff to rest. Where necessary, this should include somewhere for them to lie down. It is not suitable for new mothers to use toilets for expressing milk. A private, healthy and safe environment for members of staff to express and store milk may be provided. Every reasonable effort should be made to provide such a facility.

Liverpool Hope University Maternity Risk Assessment Pro-forma

Staff Member:		Faculty/Department			
Location:		Assessment carried out by:		Assessment date:	

What are the hazards?	What could be the harm be?	What is the risk level?*	What are the existing measures to manage the risk effectively? (example measures)	Is any further action or information required?	Action by:		
					Who	When	Completed
Welfare issues	**Rest facilities** Rest is particularly important for new and expectant mothers. **Hygiene** Easy access to toilets is essential to protect against risks of infection and kidney disease. **Storage facilities** Appropriate arrangements for expressing and storing breast milk are needed for breast-feeding mothers. **Inappropriate nutrition** Adequate and appropriate nutrition and liquid refreshment at regular intervals is essential to the health of the new or expectant mother and her child. Appetite and digestion are affected by the timing, frequency and duration of meal breaks and other opportunities for eating and drinking which can affect the health of the unborn child.		The need for physical rest may require that the woman concerned has access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance, at appropriate intervals. This is to enable both pregnant and breastfeeding mothers to rest. Schools and Departments need to provide suitable facilities where a woman is able to breast feed if they wish to do so. It is not suitable to provide toilets for this purpose. Expressed milk may not be stored in any fridges that are				

			used to store any scientific or high-risk material. Access to clean drinking water should also be available. Protective measures include adapting rules governing working practices, for example in continuous processing and team working situations, and appropriate measures to enable expectant and nursing mothers to leave their workstation/activity at short notice more frequently than normal, or otherwise (if this is not possible) making temporary adjustments to working conditions as specified in the Management of Health and Safety at Work Regulations.				
Stress, Mental and physical fatigue and working hours	New and expectant mothers can be vulnerable to stress because of hormonal, psychological and physiological changes around pregnancy. Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding. Not all women are affected in the same way, and the associated risks vary with the type of work undertaken, the working conditions and the individual concerned. This applies especially to health care. Both mental and physical fatigue increases during pregnancy and in the postnatal period		It may be necessary to adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks, and to change shift patterns and duration to avoid risks. With regard to night work, alternative day work should be organised for pregnant women on receipt of a medical certificate from their doctor/midwife which states that night work is affecting				

	due to the various physiological and other changes taking place. Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts or night work, or overtime. Working time arrangements		the health and safety of the woman or her unborn child.				
Movement and posture	A variety of factors linked to pace of work, rest breaks, work equipment and the work area can be involved. Hormonal changes during and shortly after pregnancy affect ligaments and can increase chances of injury. Postural problems may get worse as pregnancy advances. **Standing** in one position for long periods can cause dizziness, faintness, fatigue. It can also increase chances of premature birth or miscarriage. **Sitting** for long periods increases risk of thrombosis. **Backache** is also associated with long periods of standing or sitting. **Confined space** may be a problem particularly in the latter stages of pregnancy.		Control hours, volume and pacing of work. Adjust how work is organised or change type of work if necessary. Ensure seating is available where appropriate, and take longer or more frequent rest breaks to avoid or reduce fatigue. Adjusting workstations or work procedures where this will minimise postural problems and risk of accidents. Review situation as pregnancy progresses.				
Manual handling	The hormonal changes in pregnancy increase risk of manual handling injuries as ligaments soften. Postural problems can also increase risks as pregnancy progresses.		It may be possible to alter the nature of the task undertaken to reduce the risk of injury for all workers involved; Or, it may be necessary to reduce the amount of manual handling (or use aids to reduce the risks) for the specific woman involved.				

Protective equipment and uniforms	Protective clothing or other types of Personal Protective Equipment (PPE) are not generally designed for use by pregnant women. Physical changes around pregnancy may make it too uncomfortable to wear, or may mean that it no longer provides the intended protection. Uniforms may also cause a problem, particularly as the pregnancy progresses.		*Conduct a specific assessment of any PPE required by the pregnant staff member and its compatibility with the pregnancy.* *Adjust job design during pregnancy period.*				
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 Office if in doubt).				
Radiation (ionising and non-ionising)	Significant exposure can harm the foetus (either through external exposure or by breathing in/ ingesting radioactive contamination) and there are limits on the dose deemed to be acceptable for expectant mothers. Nursing mothers who work with radioactive liquids or dusts can cause exposure of the child, particularly through contamination of the mother's skin.		Work procedures should be designed to keep exposure below the statutory dose limit for pregnant women. **A specific risk assessment is required.** Nursing mothers should not work where the risk of contamination is likely.				
Hazardous substances - infection risks and chemicals	Biological agents can affect the unborn child through the placenta during pregnancy or after birth through breast feeding or close physical contact with the mother. Examples of these agents are hepatitis 'B', syphilis, HIV (aids virus), chicken pox, herpes, TB, typhoid, rubella, cytomegalovirus (CMV) There are over 200 industrial chemicals that can cause harm to the unborn child although most staff are unlikely to come across them at work. Substances labelled with **R46**: may cause heritable genetic damage		Specific COSHH risk assessments required followed by strict adherence to control measures. These control measures may include physical containment, hygiene measures, and using vaccines if exposure justifies this. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the				

	R61: may cause harm to the unborn child **R63**: possible risk of harm to the unborn child **R64**: may cause harm to breastfed babies should be avoided in work and domestic situations. Hazardous substances also include the risks from smoking.		pregnant worker to avoid exposure altogether. If vaccination is used it is essential that the subsequent immune response is assessed prior to potential exposure to the infectious agent.				
Extremes of cold or heat	Prolonged exposure of pregnant workers to hot environments should be kept to a minimum, as there is a greater risk of the worker suffering from heat stress. Working in extreme cold may be a hazard for pregnant women and their unborn children. Warm clothing should be provided. The risks are particularly increased if there are sudden changes in temperature.Breastfeeding may be impaired by heat dehydration.		Adequate rest and refreshment breaks should be provided alongside unrestricted access to drinking water. New and expectant mothers should note that thirst is not an early indicator of heat stress. They should drink water before they get thirsty, preferably in small and frequent volumes.				
Work-related violence	If a woman is exposed to the risk of violence at work during pregnancy, when she has recently given birth or while she is breastfeeding this may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed. This risk particularly affects workers in direct contact with student/customer.		Measures to reduce the risk of violence include: Providing adequate training and information for staff; Improving the design or layout of the workplace; Changing the design of the job - e.g. avoiding lone working, maintaining contact with workers away from work base. If the risk of violence cannot be significantly reduced, pregnant women and new				

			mothers should be offered suitable alternative work.				
Lone Working	Pregnant women are more likely to need urgent medical attention and therefor at an elevated risk while lone working.		Depending on their medical condition, access to women's communications with others may need to be reviewed and revised and levels of (remote) supervision involved, to ensure that help and support is available when required, and that emergency procedures (if needed) consider the needs of new and expectant mothers.				
Computer Workstation (DSE)	There may be concern about the effects of radiation emissions from the display screen equipment. However, there is no evidence that emissions from the equipment can cause harm. Harm is more likely to be caused by inappropriate use of the workstation especially in the latter stages of pregnancy as physical changes may make it difficult to sit at the workstation for long periods.		Review DSE assessment and make appropriate changes to work patterns and workstation equipment.				

**Refer to the University Risk Assessment Evaluation Guidance (found on Risk Assessment webpage) for evaluation of the identified hazards.*