



CHS 087

LIVERPOOL HOPE UNIVERSITY

NEW AND EXPECTANT MOTHERS

CODE OF PRACTICE

Approved by:	University Council
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NEW AND EXPECTANT MOTHERS CODE OF PRACTICE

This code of practice outlines the expectations the University will fulfil with regards to new and expectant mothers; these expectations are underpinned by 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 process should automatically include new and expectant mothers so that the University is able to take immediate action upon receiving written notification from an employee and the University shall then ensure appropriate measures are in place to control the 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.

Once written notification has been received informing the University that an employee is a new or expectant mother then the University shall take into account 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 take action 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.

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 action 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.

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?	Is any further action or information required?	Action by:		
					Who	When	Completed
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.						
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.						
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.						
Hazardous substances - infection risks and chemicals	<p>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.</p> <p>Examples of these agents are hepatitis 'B', syphilis, HIV (aids virus), chicken pox, herpes, TB, typhoid, rubella, cytomegalovirus (CMV)</p> <p>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. However, Substances labelled with R46, may cause heritable genetic damage 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.</p> <p>Hazardous substances also include the risks from smoking.</p>						
Working time	Long hours, and unsocial shift work can affect the health of pregnant women and can disrupt breast-feeding.						
Work-related stress	New and expectant mothers can be vulnerable to stress because of hormonal, psychological and physiological changes around pregnancy.						
Extremes of cold or heat							
Work-related violence							
Lone Working							
Computer Workstation	There may be concern about the effects of radiation emissions from the display screen equipment. However, there is no evidence that						

	<p>emissions from the equipment can cause harm.</p> <p>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.</p>						
Welfare issues	<p>Rest facilities Rest is particularly important for new and expectant mothers.</p> <p>Hygiene Easy access to toilets is essential to protect against risks of infection and kidney disease.</p> <p>Storage facilities Appropriate arrangements for expressing and storing breast milk are needed for breast-feeding mothers.</p> <p>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.</p>						

*Refer to the 'RISK MATRIX' to establish the risk rating