New and Expectant Mothers Risk Assessment

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Information relating to new and expectant mother risk assessments

The Management of Health and Safety at Work Regulations 1999 (MHSWR) require employers to carry out suitable and sufficient risk assessments when considering the health and safety of all employees at work, and then to take steps to ensure that those risks are avoided. However, there are more specific regulations that need to be taken into account for new or expectant mothers.

The purpose of an initial assessment is to identify:

- the presence of any females of potential child-bearing age (these females will usually be employees but may also be visitors, contractors (eg cleaners) or volunteers)
- which work activities and/or areas of the workplace may pose a risk of harm to female employees and therefore warrant a full risk assessment.

These activities, and any actions taken, must be recorded. Records should be kept for a minimum of 40 years. Under general health and safety legislation the records are required to be kept for 5 years but when health risks are covered by regulations such as COSHH this requirement extends to 40 years.

Employers are only required to take action specifically to protect a pregnant worker when they have been advised in writing of the employee's condition (ie that she is pregnant), has given birth in the last six months or is breastfeeding.

Regulation 16 stipulates the requirement of a risk assessment to be carried out of the risks to the health and safety of pregnant workers, those who have recently given birth, ie during the past 6 months, or those who are breastfeeding. Risks include those to the unborn child or child of a woman who is still breastfeeding — not just the risk to the mother.

When considering risk from any infectious or contagious disease, a high level of risk at work is deemed to be that which is in addition to the level to which a new or expectant mother may be exposed to outside the workplace.

Where risk has been identified following the assessment, affected employees or their representatives should be informed of the nature of the risk and the preventive measures to be adopted. In particular, employers must consider removing the hazard or seek to prevent exposure to it. Employers must also make the findings of

any risk assessment on effects to a pregnant women or unborn foetus known to all their female employees of child-bearing age, not just those who have informed them that they are pregnant.

As the pregnancy and postnatal periods are "dynamic", eg the body undergoes constant physiological, hormonal and psychological changes, the risk assessment process must reflect this. Regular reviews — and, if necessary, revisions — of the risk assessment should take place in order to pick up any effects of changes as they occur.

There are some other important points to consider, as follows.

- New and expectant mothers are not obliged to inform their employer of their condition, or of any associated health issues (although they should be encouraged to do so).
- Many women may not be aware that they are actually pregnant for the first 4 to 6 weeks of their pregnancy. The foetus is most susceptible to harm during the first 12 weeks.
- Many women chose not to inform people about their pregnancy until after they have reached the 12-week point.
- Certain chemicals and infections can be passed on to foetuses through the placenta and to breastfeeding babies through their mother's milk.

Control Measures

While general controls apply whenever there is exposure to the associated hazards, the following specific hierarchy of measures only apply if the employer has received written notification from the new or expectant mother that she is pregnant, has given birth in the previous six months or is breastfeeding.

Employers are entitled to ask for a certificate from a registered medical practitioner or midwife confirming the pregnancy — the onus is on the new and expectant mother to provide this written confirmation within a reasonable period of time, ie a period of time that allows for any relevant tests, etc to be carried out.

Where work-related risks cannot be avoided and appropriate written notification of the pregnancy has been provided, the following hierarchy of measures must be implemented by employers in relation to employees who are new or expectant mothers. (Employers do not have to implement the specific hierarchy of measures if they know the woman is no longer a new or expectant mother, or if they cannot establish whether she remains so.)

- Make changes to her working conditions or hours.
- Provide suitable alternative work (on the same terms and conditions).
- Suspend her from work on full pay for as long a period as is necessary to ensure the health and safety of both mother and child.

The employer is not required to maintain the altered working condition or hours of suspension unless the employee provides written confirmation in the form of a certificate from a registered practitioner or midwife. The employer will not need to maintain the altered arrangements or suspension once they know that the employee is no longer a new or expectant mother, or if they cannot establish whether she remains a new or expectant mother.

Suitable Alternative Work

According to the Employment Rights Act 1996, alternative work will only be suitable if:

- the work is of a kind which is both suitable and appropriate for her to do in the circumstances
- the terms and conditions applicable to her for performing the work are not substantially less favourable than corresponding terms and conditions applicable for performing her usual work.

If these options are not reasonable or do not remove the employee from risk, the employer must suspend the employee concerned on paid leave for as long as is necessary to protect both her health and safety and that of the child.

Where an employee has been suspended and feels that suitable alternative work exists, yet has not been offered the work by the employer, she can appeal to an employment tribunal.

Suspension

An employee who is suspended because of no suitable alternative work being available is entitled to her normal remuneration for the duration of her suspension. However, if the employee unreasonably refuses an offer of suitable alternative work, no remuneration is payable for the period during which the offer applies.

Under the Employment Rights Act 1996, an employee may bring a complaint to an employment tribunal if her employer fails to pay the whole or any part of the remuneration she is entitled to.

Review of Assessment

Risk assessment is not a one-off exercise. Review and possibly revision of a risk assessment for new and expectant mothers will be required if:

- any relevant health issues arise from the pregnancy or postnatal period
- there is reason to believe that the previous assessment is no longer valid (eg following a change in work activities and/or in the condition of the new or expectant mother)
- an injury or accident occurs.

Conducting a full risk assessment for new and expectant mothers

The full risk assessment will evaluate the work activities identified as potentially harmful in the initial assessment and determine those that present a significant risk.

Certain information can be used to help decide whether a significant risk exists, including:

- the presence of any specified hazards
- whilst unlikely in a childcare provision compliance with prescribed exposure levels, eg lead and ionising radiation
- accident and sickness records
- the advice of occupational health advisors or general practitioner (GP) referrals
- complaints and information from staff.

Those people tasked with carrying out the risk assessment must be competent to do so.

New and Expectant Mothers: Risk Factors and Control Measures

Physical/emotional factor	Work factors	Control measures
Backache	• Long periods of standing • Moving and handling tasks • Poor posture • Insufficient available working space	• Provide suitable seating where possible or reduce the time spent standing • Assess and control all moving and manual handling activities carried out by the pregnant woman • Reorganise work and/or workplace to avoid poor postures • Ensure adequate space at workstation and for moving around
Hormonal changes	• Manual handling, due to increased ligament flexibility	• Assess and control all moving and manual handling activities carried out by the pregnant woman
Varicose veins	• Long periods of standing or sitting	• Where possible avoid long periods of standing or sitting

	• Poor posture	• Reorganise work and/or workplace to avoid poor posture
Haemorrhoids	• Poor posture • Hot environments	• Reorganise work and/or workplace to avoid poor postures • Avoid or minimise time spent in hot environments • Provide some form of air cooling, if appropriate
Increased visits to toilet	• Work that is difficult to leave, eg , classroom teaching/supervision • Difficult access to, or location of, toilets	• Reorganise work activities and/or workplace to allow necessary visits to toilet
Increasing size (may also reduce mobility, dexterity and general co-ordination in later stages)	• Moving and manual handling tasks • Display screen work — increasing viewing distance from screen	• Assess and control all manual handling activities carried out by the pregnant woman • Ensure adequate space at workstation, including space for moving around • Assess display screen workstation and make necessary changes or reorganise work activities to avoid display screen work • Avoid work activities requiring PPE or review and revise the PPE provided
Changes in blood pressure Tiredness	• Work that is difficult to leave • Long working hours • Strenuous, physical work	• Provision of rest facilities and organisation of work activities to allow their use, as required

		• Reorganisation of work to reduce/avoid strenuous activities
Reduced balance		• Planned preventive maintenance programmes to maintain good condition of flooring • Reorganisation of work activities or workplace to avoid slippery, etc surfaces, working at height or stretching away from the body
Other factors (psychological effects of stillbirth, abortion, birth of disabled babies, postnatal depression)	• Highly pressured work • Work with young children, etc	• Provision for leave for counselling or other health-related sessions • Avoid work known or shown to cause, or exacerbate, distress, eg convening difficult classes or supervising pupils with medical needs • Agree to a rehabilitation plan for the gradual resumption of work activities with the employee and her doctor or occupational health advisor
Caesarean births	• Moving and handling • Poor posture • Strenuous work activities	• Agree to a return-to-work strategy for the gradual resumption of work activities if within three months of the birth with the employee and her doctor or

occupational health advisor

Physical, hormonal and psychological changes

Pregnant women and nursing mothers undergo many physiological, hormonal and psychological changes during the term of their pregnancy, and during the postnatal nursing period, both of which might affect the level of risk associated with their work.

Specified hazards

While new and expectant mothers are generally at no greater risk than other workers, there are some defined hazards that employers must take into account in any risk assessment. The Health and Safety Executive (HSE) gives examples of physical, biological and chemical agents (as listed in the Pregnant Workers' Directive (92/85/EC), Annexes I & II) and various working conditions that employers must consider in risk assessments for new and expectant mothers.

The table below gives a list of typical hazards and risks to pregnant women or new mothers which may occur in an office environment, accompanied by the type of action that should be taken to eliminate or control any potential harm occurring. A general risk rating is given to identify both the likelihood of the risk actually occurring and the severity of harm if an accident or ill health which has been identified as a risk actually arises. This allows employers to prioritise actions in correlation with the risk rating.

Physical Agents

Physical agents, including work in increased atmospheric pressures, ie compressed air, are important as they can cause possible adverse effects on the foetus, eg foetal lesions, genetic damage. Physical agents can also create the possibility of placental detachment occurring, eg from exposure to whole body vibration.

The effects of physical agents vary according to the agent involved.

Moving and manual handling

Manual handling has significant implications for the health of the pregnant worker (and the foetus), particularly if combined with long periods of standing and/or walking. Hormonal changes during pregnancy can affect the ligaments, joint laxity and posture, thereby increasing the risk of injury during manual handling tasks. As pregnancy progresses, it becomes more difficult to achieve and maintain good postures and this further reduces manual handling capability.

The risk of injury associated with moving and manual handling increases considerably in the three months before and after the birth (eg limitations on lifting and handling capabilities after a caesarian section). Particular care should be taken

that pregnant women should not handle significant loads, as identified in the risk assessment, during this period.

The HSE guidance on the Manual Handling Operations Regulations 1992 — L23 Manual Handling. Manual Handling Operations Regulations 1992 (as amended). Guidance on Regulations — specifies action to be taken by employees when dealing with new and expectant mothers who are involved in moving and lifting operations.

Breastfeeding mothers are at no greater risk than other workers with regard to manual handling.

Shocks, vibration or movement

Regular exposure to vibration and shocks may increase the risk of miscarriage, premature birth or low birth weight.

Work should be avoided by pregnant employees that is likely to involve uncomfortable whole-body vibration or where the abdomen is exposed to shocks or jolts. Breastfeeding mothers however are at no greater risk than other workers.

With regard to electric shocks, there is anecdotal evidence in obstetrical literature of low voltage (110 or 220 volts) electric shock to a pregnant woman having potential for harm to the foetus, including foetal death. Employers must take care to perform a realistic risk assessment, taking into consideration factors such as electrical hazards from old or unreliable equipment. Pregnant women should be restricted from contact with such equipment.

Ionising radiation

Exposure to ionising radiation can occur from cosmic radiation or radioactive substances and is known to have mutagenic effects on the genetic material of foetuses if significant amounts of radioactive contamination are breathed in or ingested by the mother.

If a nursing mother works with radioactive liquids or dusts, the child can be exposed, particularly through contamination of the mother's skin. Hence, nursing mothers should also not be employed where the risk of radioactive contamination is high.

Furthermore, cosmic radiation, eg from the sun and galaxy, increases with altitude and may be significant for women who regularly fly as part of their job.

Therefore, working conditions across all relevant industries should be such as to make it unlikely that a pregnant woman might accidentally receive high, radioactive dosages. Exposure to radioactive substances is controlled by strict legal exposure limits and is covered by the Ionising Radiations Regulations 1999. Guidance can also be found in the ACOP L121 Work with Ionising Radiation.

Non-ionising radiation

The effects of non-ionising electromagnetic radiation (eg radiation from mobile phones and computer screens) are unclear. For example, exposure to electromagnetic waves or fields is not known to cause harm, but extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature. Largely though, they are not considered significant within current recommendations for restrictions on human exposure provided by the National Radiological Protection Board.

However, despite pregnant or breastfeeding women being deemed at no greater risk than other workers, employers should reassure any women concerned about this type of exposure and arrange access for them to up-to-date information on this issue if necessary.

Noise

There is no specific risk to pregnant employees from noise, but prolonged exposure may lead to increased blood pressure and tiredness. Compliance with the Control of Noise at Work Regulations 2005 should be sufficient to provide comfortable working conditions.

Biological Agents

Biological agents are infections. They include bacteria, viruses and other micro-organisms and they may affect the foetus through the placenta, and breastfeeding babies through the mother's milk or through close maternal contact.

For it to be formally assessed by an employer under the MHSWR, the risk to new and expectant mothers of contracting infections and contagious diseases must be greater than the equivalent risk these women would face outside of their working environment. Providers should, as part of their information to parents, state that a child should not attend the provision if ill and that parents should advise the setting when a child is or has been ill and the nature of that illness. This helps protect not only expectant or new mothers, but also other children.

Controls implemented for the workforce, as a whole, will therefore generally provide acceptable protection to new and expectant mothers.

The risk assessment should take account of:

- the biological agent involved (or likely to be involved)
- how it is spread
- the level of exposure
- how likely an infection is
- all relevant control measures according to the type of biological agent involved, as prescribed in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

The COSHH Regulations contain detailed measures for assessing and controlling the risks associated with biological agents, depending on the classification assigned to the biological agent. Control measures may include:

- avoiding exposure to the biological agent
- containment of the work
- high standards of personal hygiene (with provision of the necessary facilities, eg wash hand basins, showers)
- vaccines (provided there is no risk to the foetus or baby).

Biological agents of hazard groups 2, 3, or 4 The biological agents of particular relevance are those known to cause adverse human health effects, eg abortion or physical/neurological damage to foetuses. Of particular importance to new and expectant mothers are those biological agents assigned to hazard groups 2, 3 and 4, including:

- hepatitis B
- HIV (human immunodeficiency virus)
- herpes
- TB (tuberculosis)
- syphilis
- chickenpox — particularly relevant in a childcare setting
- typhoid
- rubella (German measles)— particularly relevant in a childcare setting
- toxoplasma.

For most workers, the risk of infection is not higher at work than from living in the community, but exposure to infection is more likely in certain occupations such as laboratory workers, health care and in looking after animals or dealing with animal products (eg meat processing).

Avoidance of infection depends on the risk assessment but control measures may include physical containment, hygiene measures or the use of vaccines. If there is a known high risk of exposure to a highly infectious agent, a pregnant employee should avoid exposure altogether.

Employers should refer to the Approved Code of Practice L5 Control of Substances Hazardous to Health Regulations 2002 on work with biological agents, and the approved supply list of biological agents.

Listeria

If a pregnant woman is infected with listeria (eg by eating contaminated food), pregnancy may be terminated or the foetus severely damaged. Compliance should be with food hygiene guidance and universal personal hygiene precautions.

Chemical Agents

Many chemical agents are capable of having adverse health effects on new and expectant mothers and/or their unborn child or baby. The risk such chemicals pose is determined by the chemical involved, the level of exposure and any particular circumstances at individual workplaces. Chemicals specifically identified are:

- mercury and mercury derivatives
- pesticides
- lead and lead derivatives.

In many cases, there are legal limits placed on exposures to chemicals. The COSHH Regulations, and the accompanying codes of practice, provide details on assessing and controlling risks associated with exposure to chemicals. Avoiding exposure, engineering controls (such as local exhaust ventilation), good personal hygiene and PPE are common control measures.

Some chemicals may accumulate in the body over a long period of time before any adverse effects are manifested. This may have significant implications for pregnant women and/or their foetuses, or nursing mothers and their babies.

Mercury and mercury derivatives

Exposure to organic mercury compounds during pregnancy can slow the growth of an unborn baby, disrupt the nervous system and cause the mother to be poisoned. There is no clear evidence of adverse effects on the developing foetus of exposure to mercury and inorganic mercury compounds, and no indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby. However, the potential for health effects in children from the exposure of their mother to mercury and its compounds is uncertain.

Mercury is covered by the requirements of COSHH.

Carcinogens

Certain risks are presented by chemical agents and industrial processes cited in the Carcinogens Directive (90/394/EEC), Annex I on the control of carcinogenic substances. These include:

- the production/manufacture of auramine (a highly toxic carcinogen used in dyestuffs)
- exposure to aromatic polycyclic hydrocarbons present in coal soots, tar, pitch, fumes or dust
- exposure to dusts, fumes and sprays produced during the roasting and electro-refining of cupro-nickel
- strong acid process in the manufacture of isopropyl alcohol.

With the exception of lead and asbestos, these substances fall within the scope of COSHH and the Chemicals (Hazard Information and Packaging for Supply) Regulations 2009 (CHIP). Actual risk can only be determined by following a risk assessment of a particular substance at the place of work, assessing the health risks and (where appropriate) preventing or controlling them, in regard to women who are pregnant or who have recently given birth.

Antimitotic (cytotoxic) drugs

In the long term, cytotoxic drugs can cause damage to genetic information in the sperm and egg, and some can cause cancer. Absorption is by inhalation and through the skin. Pregnant doctors and nurses administering antimitotic agents (even when doing so with extreme care) have shown a significant increase in foetal loss and/or congenital malformations.

Pregnant women (including doctors, nurses, pharmacists and pharmacy technicians) should be prohibited from handling antimitotic drugs in any form. The COSHH Regulations cite no known threshold limit so exposure must be reduced to as low a level as is reasonably practical. Assessment of risk should look particularly at preparation of the drug for use (ie by pharmacists, nurses), administration of the drug and the disposal of waste (chemical and human). Those who are trying to conceive, who are pregnant or breastfeeding should be informed of the reproductive hazard.

Any pregnant worker preparing antineoplastic drug solutions should be transferred to another job/task.

Carbon monoxide

The level and duration of maternal exposure to carbon monoxide are important factors in the effect on the foetus, as carbon monoxide crossing the placenta can result in the foetus being starved of oxygen. However, there is no indication that breast-fed babies suffer adverse effects from the mother's exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.

Work processes or equipment should be changed where exposure to carbon monoxide is a possibility. Pregnant workers should also be informed of the dangers of exposure to carbon monoxide during smoking.

Lead and lead derivatives

In so far as it is capable of being absorbed by the human organism, low-level lead exposure from environmental sources before the baby is born is associated with mild decreases in intellectual performances in childhood. Effects on breast-fed babies of their mother's lead exposure have not been studied, but lead can enter breast milk and it is thought that the nervous system of young children is particularly sensitive to the toxic effects of lead.

ACOP L132 Control of Lead at Work sets out exposure limits for lead and the maximum permissible for blood lead levels. Once pregnancy is confirmed, women who are subject to medical surveillance under the Control of Lead at Work Regulations 2002 will normally be suspended from work which exposes them significantly to lead.

Substances labelled with certain risk phrases

Chemicals labelled with the following risk phrases present possible risks to a pregnant employee and her new or unborn child.

- R40: limited evidence of a carcinogenic effect.
- R45: may cause cancer.
- R46: may cause heritable genetic damage.
- R49: may cause cancer by inhalation.
- R61: may cause harm to the unborn child.
- R63: possible risk of harm to the unborn child.
- R64: may cause harm to breast-fed babies.
- R68: possible risk of irreversible effects.

These substances fall within the scope of the COSHH and the CHIP Regulations. A risk assessment of a particular substance at the place of work should be conducted to determine actual risk and (where appropriate) prevent or control them, especially in

regard to women who are pregnant or who have recently given birth. HSE guidance, EH40 Workplace Exposure Limits, should also be referred to.

Benzene

Pregnant women should be restricted from any direct contact with benzene or benzene vapour, even when wearing protective equipment.

Anaesthetic gases

Pregnant women should be prohibited from any exposure to anaesthetic gases due to the potential for serious harm to the foetus. This is only really an issue if working in the medical profession (eg surgeons, anaesthetists, operating theatre nurses, operating technicians).

Pesticides

Certain pesticides (eg chlordecone) appear as concentrates in maternal milk. The health risks to the lactating infant are variable, therefore women who are breastfeeding should be restricted from performing all duties involving the use of pesticides.

Working Conditions

In addition to exposure to physical, biological and chemical agents, employers should also consider the actual working conditions of new and expectant mothers. Poor working conditions that may adversely affect the health and safety of new and expectant mothers include:

- facilities
- unsuitable seating
- prolonged static postures
- lack of work space
- long hours and shift work
- exposure to aggressive/violent situations
- extreme temperatures
- work-related stress
- mental and physical fatigue
- lack of appropriate and accessible welfare facilities, eg no readily accessible toilets, rest rooms, or insufficient work breaks to utilise these facilities.

Problems associated with poor posture, including prolonged static postures and/or standing and unsuitable seating, should be identified in the risk assessment. Re-organising the work, such as ensuring task rotation, will prevent long periods in any one position. Factors such as increasing available workspace and providing fully adjustable seating may also be relevant controls, as is the assessment of any display screen workstations is relevant.

Facilities

There is an increased risk to a pregnant woman's health and safety, including significant risks of infection and kidney disease, if she has no easy access to hygiene facilities such as toilets.

According to the Workplace (Health, Safety and Welfare) Regulations 1992 and the MHSWR, employers have a duty to adapt rules governing work practice, eg in continuous processing and teamwork situations. Measures should be taken to allow expectant and nursing mothers to leave their workstation or activity at short notice more frequently than normal. If this is not possible, temporary adjustments should be made to working conditions.

Obstacles to breastfeeding in the workplace may also significantly affect the health of both mother and child. Access should be provided to a private room where women can breastfeed or express breast milk, including the use of secure, clean refrigerators for storing expressed breast milk while at work, and facilities for washing, sterilising and storing receptacles. Mothers should also be allowed time off (without loss of pay or benefits and without fear of penalty) to express milk or breastfeed.

Ergonomics

Workplace design, layout of the work station and design of work equipment may affect the safety of pregnant workers. Consideration must be given to the effects of ergonomics on the pregnant body, ie increase in size and restrictions on the ability to reach, bend and stretch.

Display screen equipment

Although there has been widespread anxiety about radiation emissions from display screen equipment and the possible effects on pregnant women, there is substantial evidence that these concerns are unfounded.

Under the Health and Safety (Display Screen Equipment) Regulations 1992, pregnant employees do not need to stop working with VDUs, but to avoid problems caused by stress and anxiety, those who are worried about the effects should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice.

Working hours

As new and expectant mothers are more prone to fatigue, physical/strenuous work, long and/or unsociable working hours or shift work (particularly late and early shifts) may need to be adjusted. In extreme cases, this type of work should be removed from the duties of new and expectant mothers. It is important to ensure that rest breaks are taken, as needed.

Lone working

If a pregnant employee's duties involve working alone, her access to communications with others and levels of (remote) supervision should be reviewed and revised to ensure that help and support (especially medical) is available when required. Lone working should be reduced as much as possible.

Employers have a duty to ensure that emergency procedures (if needed) take into account the needs of new and expectant mothers. Further guidance is provided in INDG73 Working Alone.

Aggression and violence

New and expectant mothers should not be exposed to potentially aggressive or violent situations. Apart from the mental trauma of such events, which could affect breastfeeding, physical assault may cause detachment of the placenta or increase the chances of miscarriage. This could be addressed by moving disruptive pupils or removing supervision duties. Taking into account the potential for violence at work, restricting some duties and possible team working (with at least two people always present) is good practice and serves as a control measure.

Extremes of temperature

When pregnant, women tolerate heat less well. Prolonged exposure to temperature extremes may cause adverse effects, with very hot and/or humid temperatures making expectant women prone to fainting, heat stress and increased fatigue. Breastfeeding may also be impaired by dehydration.

Access should be provided to a quiet, comfortable place to sit or lie down in privacy, without disturbance, at appropriate intervals. Clean drinking water should also be made readily available.

Consideration should be given to outside play area duties.

Work-related Stress

Work-related stress can occur as physiological, hormonal and psychological changes taking place throughout pregnancy and the postnatal period may make new and expectant mothers more susceptible to stress, anxiety or depression generally. Also, any existing work stressors can be exacerbated by such hormonal changes. Uncertainty about job security, pay, working conditions or about the birth itself (eg previous pregnancy problems) should be identified and addressed.

Fatigue and stress

Fatigue can have an effect on the pregnancy and the pregnant woman. Excessive physical or mental pressure may cause stress, anxiety and raised blood pressure.

Employers should ensure that hours, volume and pacing of work are not excessive and that, where possible, pregnant employees have some control over how their work is organised. Longer or more frequent rest breaks can be given and

comfortable seating must be made available where appropriate. Work stations or work procedures can also be adjusted accordingly.

Access to welfare facilities

The provision of accessible welfare facilities, such as rest areas, toilets and somewhere to express and safely store breast milk, should be addressed; new and expectant mothers must be consulted on their particular needs concerning rest, meal and refreshment breaks. In addition, pregnant workers must be able to leave their work tasks in order to use these facilities, as required.

New and expectant mothers should have ready access to drinking water when required and be able to take meal breaks, in an appropriate area — there may be an increased intake of fluids for women who are breastfeeding and malnutrition is also a potential risk. For example, the appetite and digestion of a mother are affected by the timing, frequency and duration of meal breaks and other opportunities for eating and drinking. As a consequence, the health of the unborn child may also be affected.

In addition, access to welfare facilities will need to be considered for new and expectant mothers who travel from one school to another as part or all of their work.

Guidance on protective measures to deal with these constraints can be found in the ACOP L24 Workplace (Health, Safety and Welfare) Regulations 1992.

Work equipment and PPE

The risk assessment must take into account changes in risks as pregnancy progresses in relation to the work equipment or PPE of an expectant employee. Operational mobility, dexterity or co-ordination temporarily can all be impeded if equipment becomes unsuitable (ie due to ill-fitting PPE as the employee's figure changes), making it unsafe to work or offering inadequate protection. Equipment must therefore be adapted or substituted, in accordance with the MHSWR and the Personal Protective Equipment at Work Regulations 1992.