New and Expectant Mothers

Module 3





Registered charity number 207890

Control measures, monitoring and review

Hierarchy of control measures

The hierarchy typified by 'E-R-I-C-S-P' (see *Health & Safety Essentials – Risk Assessment*) is acceptable:

Eliminate the hazard	(remove or substitute for lower hazard option)
Reduce exposure to the risk	(less time, fewer people, smaller quantity/process)
Isolate the hazard	(enclosed plant/equipment)
Control exposure	(engineering e.g. local exhaust ventilation)
Safe Systems of Work	(procedural control)
Personal Protective Equipment	(including respiratory protection)

The short-term nature of the required risk controls mean that non-standard risk controls may often be selected.

The general hierarchy for protecting new and expectant mothers for reasons of health & safety, employment rights and sex discrimination is to:

- 1. adjust working conditions or hours of work
- 2. offer suitable alternative work
- 3. suspend from work on full pay as long as required for reasons of health & safety

This may be appropriate for routine production work in a factory environment but where the risks only arise from specific tasks or activities, it is acceptable to request that someone else more 'able' in the circumstances carry this out. This is particularly the case with occasional manual handling activities or intermittent handling of highly hazardous substances.





Hazardous agents and risk control options

The following table outlines examples of hazardous agents/conditions together with some guidance on control measures.

Agent or Condition	Typical risk reduction options
Chemical Agents There are many substances listed as affecting pregnant women and/or the unborn child (see Module 2).	Some substances carry significant hazards to any worker but many can also be passed on to the unborn child (where the damage is likely to be far more significant). Preventing exposure must be the first priority with hazardous substances.
	Whilst this is the normal approach via a COSHH risk assessment, the reliability of the protection in this case must be significantly higher.
	Where elimination by substitution is not possible, a combination of technical measures may be chosen along with the use of PPE but in the case of new and expectant mothers, you may decide the risk is still unacceptable. The usual option is to restrict work with highly hazardous substances.
Biological – infectious & contagious diseases, contact with animals	In general, biological agents of hazard groups 2, 3 & 4 and particularly those known to cause abortion of the unborn child need identifying and including within the risk assessment process. The COSHH regulations & ACoP (Approved Code of Practice) categorise and recommend containment and other control measures that are likely to be appropriate.
Physical Agents Movement, posture and manual handling	The control measures depend upon nature, duration, ergonomics and phase of pregnancy as hormonal changes affect the ligaments and joints. Back ache and circulatory problems are common in the latter stages of pregnancy. The new and expectant mother will need some training to recognise which elements of the job present these risks and frequent consultation may be required.
Shocks, noise and vibration	Using hand tools or vibrating equipment present risk, but whole body vibration in particular needs to be avoided.
	Prolonged noise may cause increased blood pressure and tiredness, which is undesirable in the new and expectant mother. Consideration should be made if hearing protection is required in the work area, as the unborn child should not be exposed to noise above the occupational exposure limit.
Radiation (ionising & non-ionising)	lonising radiation presents a significant risk to both the mother and the unborn child. Working procedures to restrict or isolate from exposure need to be rigorously enforced. Similarly, radioactive materials need strict control where there is a risk of exposure and ingestion or inhalation.
	Non-ionising radiation presents no greater risk to pregnant or breastfeeding mothers than other workers but often the concern and worry causes unnecessary stress. Whilst reassurance can be given that exposure presents no significant risk, the issue of stress needs managing.





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Working Conditions Mental and physical fatigue from relatively long hours	The new and expectant mother is particularly susceptible to fatigue, so rest breaks need to be encouraged. The employer is required to provide suitable (private) rest facilities ideally with somewhere to lie down.
Stress – from effects of pregnancy, work load and possibly threat of violence	Stress is a common risk and can often be minimised by making reasonable adjustments to work patterns, tasks and job/performance expectations.
Extremes of temperature & general workplace comfort	Workplace temperatures and draughts will be more of an issue with new and expectant mothers so workstation location may need adjusting
Work at heights & confined spaces	New and expectant mothers may not have the stability and balance they are used to and standing for long periods can cause dizziness.
Use of PPE – normal PPE may not fit or will become uncomfortable	Where PPE is specified as a control measure and there are no alternatives, the new and expectant mother may need to be restricted from doing the particular item of work.
Availability of nutrition, drinks, toilet and rest facilities	The new and expectant mother is likely to need more frequent meal breaks so readily available facilities will be needed. This can be as simple as an office away from the workroom in which to have a drink/snack/rest.
Availability of facilities for breastfeeding or expressing milk together with its storage	New mothers may need to express milk whilst at work. A private room and appropriate storage facilities may be needed.
Emergency evacuation	Agility, reach, balance and speed of movement are particularly compromised during the latter stages of pregnancy so personal emergency evacuation plans (PEEPs) may need to be developed as they would under regular fire safety legislation for people whose mobility may be affected.

Monitor & review

Monitoring the control measures is a basic requirement in safety management. In the case of new and expectant mothers, the rate of change in terms of hazards, risks and necessary control measures is far faster than normally occurs at work. Consequently, frequent consultation with the new and expectant mother will be required to ensure that all is well during the various stages of pregnancy. In some circumstances, additional information may be received from the GP or midwife and this may have a bearing in the review of the risk assessment.





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