This document is an example of an expectant mothers risk assessment. It looks at generic risks present in the workplace and makes suggestions for reducing or eliminating these risks. A personalised risk assessment should be completed for the member of staff who requires it, assessing risk posed by their role and putting in place sufficient controls. This should be used as a starting point, and you should refer to the “new and expectant mothers in the workplace guidance”.

**Expectant Mother Risk Assessment-Template**

Name …………………………………………..

Dept.…………………………………………….Job role…………………………………………………

Expected Delivery Date…………………………………..

Line Manager’s Name……………………………………..

| **List of generic hazards and situations** | **Exposed to hazards? Yes/No** | **Risk** | **Control Measures** | **Additional Requirement** |
| --- | --- | --- | --- | --- |
| Mental and physical fatigue  long working hours |  | Long working hours and shift work can have a significant effect on the health of new, expectant and breastfeeding mothers. Both mental and physical fatigue increase during pregnancy and in the postnatal period due to the various physiological and other changes taking place | If necessary, managers should adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks. No more than 8 hours a day should be spent working, and if the pregnant employee feels tired, work should not be continued. Additional breaks should be taken in line of her needs. |  |
| Postural problems connected with the activity of new or expectant mothers |  | Fatigue from standing and other physical work has been associated with miscarriage, premature birth and low birth weight.  It is hazardous to work in tightly fitting workspaces or workstations that do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to sprain or strain injuries | Ensure that the hours, volume and pacing of work are not excessive. Employees themselves should have some control over how work in organised.  Ensure that seating is available where appropriate. Fatigue can be avoided or reduced by taking longer and more frequent breaks during the work session.  Adjusting workstations or work procedures may be beneficial |  |
| Work at height |  | It is hazardous for pregnant workers to work at height, e.g. ladders, platforms | Managers must ensure that pregnant workers are not exposed to work at height. |  |
| Working alone |  | Pregnant women are more exposed to risk than others when working alone, particularly if they fall or require urgent medical attention | No lone work to be carried out by pregnant workers |  |
| Standing activities |  | Physiological changes during pregnancy promote peripheral congestion while standing i.e. increased blood systolic volume and dilation of blood vessels resulting in dizziness and fainting.  Continuous standing (and/or walking) for long periods during the working day also contributes to an increased risk of premature childbirth | Ensure that seating is available where appropriate.  Constant sitting or standing are both inadvisable, it is better to alternate between the two. If this is not possible, provision should be made for breaks. |  |
| Siting activities |  | Pregnancy-specific changes in coagulation and mechanical compression of the pelvic veins by the uterus pose a relatively high risk of thrombosis or embolism for pregnant women. When sitting still, the venous filling in the legs increases which may cause aching and oedema. The increase in abdominal circumference can lead to muscular pain in the lumbar spine. This may be intensified by remaining in specific position for an excessively long period of time | Constant sitting is inadvisable, Provision should be made for regular breaks. |  |
| Lack of rest and other welfare facilities |  | Rest is important for new and expectant mothers | There may be a need for suitable facilities for the woman concerned to have access to somewhere where she can sit at appropriate intervals. |  |
| Risk of infection or kidney disease as a result of inadequate hygiene facilities |  | Pregnant women, because of pressure on the bladder and other changes associated with pregnancy, often require more frequent and urgent toilet breaks than others | Managers should ensure that there is easy access to toilets and associated hygiene facilities, taking into account the fact that expectant mothers may need to break from their work more frequently than normal. |  |
| Noise |  | Prolonged exposure to loud nose may lead to increased blood pressure and tiredness.  Experimental evidence suggests that prolonged exposure of the unborn child to loud noise during pregnancy may have an effect on later hearing and that low frequencies have a greater potential for causing harm | Managers must ensure that pregnant workers are not exposed to noise levels exceeding [noise exposure limits](http://www.hse.gov.uk/noise/employers.htm). Noise measurement can be taken using sound meter. It should be recognised that use of personal protective equipment (ear defenders) by the mother will not protect the unborn child from the physical hazards. |  |
| Extreme of cold or heat |  | Pregnant woman tolerate heat less well and may more readily faint or be more liable to heat stress.  Working in extreme cold may be a hazard for pregnant woman and their unborn child.  The risks are increased particularly in the event of sudden changes in temperature | Pregnant workers should not be exposed to prolonged excessive heat or cold at work. Hats should be worn for protection from UV. Drinking water to be provided.  Provide frequent breaks from the work area.  Pregnant workers cannot go from working in hot environments to cold environments in succession.  Warm clothing to be provided if person working in cold temperature controlled conditions. |  |
| Substances |  | Exposure to substances can only be determined following a risk assessment of a particular substance at the place of work-i.e. although the substances listed may have the potential to endanger health or safety, there may be no risk in practice, e.g. if exposure is below a level which might be cause harm;  High risk substance labelled:  R40: possible risk of irreversible effect  R45: may cause cancer  R46: may cause cancer through inhalation  R61: may cause harm to unborn child  R63: possible risk of harm to the unborn child  R64: may cause harm to breastfed babies | For work with hazardous substances, which include chemicals that may cause inheritable genetic damage, managers are required to assess the health risks to workers arising from such work, and, where appropriate, prevent or control the risk.  Prevention of exposure must be the 1st priority. |  |
| Carbon monoxide |  | Risk arise when engines or appliances are operated in enclosed areas.  Carbon monoxide can cross the placenta and result in the unborn child being starved of oxygen. | Eliminate the hazard by changing process or equipment.  Carry out a COSHH assessment.  Chronic exposure of female workers should be avoided as even occasional exposure to CO could potentially be harmful  Pregnant workers should be informed about the dangers of exposure to carbon monoxide during smoking. |  |
| Night Working |  | Increased likelihood of slips trips and falls.  Increased likelihood of aggressive incidents.  Increased likelihood of fatigue due to late nights and disrupted sleep pattern. | Working at night should be avoided where possible.  If working at night is essential, it must always be supervised.  Lone working at night must be avoided. |  |
| Infectious Diseases |  | There are a number of infectious diseases that pose a higher than normal risk to new and expectant mothers due to effects on the foetus and its development.  Pregnancy can make expectant mothers more prone to infection due to changes in hormone levels and immune system function | Risk of infection should be assessed to identify likely sources of infection.  New or expectant mothers should discuss concerns with their Midwife/GP and follow their advice.  Exposure to potential infection sources should be eliminated where possible. |  |
| Violence and aggression |  | Risk of harm to foetus due to physical injury or stress because of verbal aggression. | Lone working must be avoided.  Suitable training should be provided for dealing with aggressive customers.  Managers/Supervisors should be called to deal with threatening behaviour.  Police should be called if you feel unsafe. |  |

Next Review date (agree with expectant mother) ……………………………………

Signed by line manager…………………………….

Signed by expectant mother……………..

| Recommendation made by Doctor and /or Midwife: |
| --- |

During review, were new hazards identified? Please list below.

During review, were new control measures identified? Please list below.

Signed and dated by line manager………………………………………………………………………………………………….

Signed and dated by expectant mother………………………………………………………………………………………….