

CONFIDENTIAL (when completed)

## Pregnancy/Maternity Risk Assessment Template

This risk assessment must be completed whenever a colleague notifies their Line Manager that they are:

- Pregnant
- Breast/chest feeding
- Or, have begun to work at the Co-op within 6 months of giving birth



<b>Name of New/Expectant Person:</b>					
<b>Business Unit/Department:</b>				<b>Location:</b>	
<b>Job Title:</b>				<b>Main Work Activities:</b>	
<b>Date of Risk Assessment:</b>				<b>Completed by (Line Manager):</b>	
<b>Intended Start Date of Maternity/Pregnant Parent Leave:</b>		<b>Expected Delivery Date:</b>		<b>Expected Date of Return from Maternity/Pregnant Parent Leave:</b>	
<b>Employment Start Date:</b> Only complete for colleagues who have begun to work at the Co-op within 6 months of giving birth.					

Working Conditions			
Is there potential exposure to?	Yes, No or NA	Guidance and Possible Adjustments	Control Measures
Inadequate welfare facilities		<p><b>What's the risk?</b></p> <p>Rest facilities – Tiredness can increase during and after pregnancy and may be exacerbated by work-related factors.</p> <p>Hygiene facilities – Because of pressure on the bladder and other changes associated with pregnancy, pregnant parents may have to go to the toilet more frequently and urgently than others. People who are breast/chest feeding may also need to go to the toilet more frequently due to the increased fluid intake to promote breast milk production.</p> <p><b>Possible adjustments to consider:</b></p> <p>Rest facilities – There must be facilities to sit or lie down in comfort and in privacy. Access to drinking water should also be available.</p> <p>Hygiene facilities – If necessary, measure should be put in place to ensure that new and pregnant parents can leave their workstations at short notice.</p> <p>Hybrid working - Consider ways in which the colleague may be able to work from home.</p>	<b>Existing controls</b>
			<b>Additional controls, if required</b>
Stress		<p><b>What's the risk?</b></p> <p>New and expectant persons can be particularly vulnerable to occupational stressors for various reasons including:</p> <ul style="list-style-type: none"> <li>• Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, or to anxiety or depression in individuals.</li> <li>• Financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy.</li> </ul>	<b>Existing controls</b>
			<b>Additional controls, if required</b>

		<ul style="list-style-type: none"> <li>• It may be difficult to organise work and private life, especially with long, unpredictable or unsocial working hours or where other family responsibilities are involved.</li> </ul> <p>Where someone has recently suffered a pregnancy loss they may be especially vulnerable to stress, as will those who have experienced serious illness or trauma associated with pregnancy or childbirth.</p> <p>The NHS states that postnatal depression can affect women in different ways. They can begin to have symptoms soon after the birth, which can last for months or, in severe cases, much longer.</p> <p><b>Possible adjustments to consider:</b></p> <p>If they feel that they are suffering from postnatal depression colleagues should speak to their midwife, GP or our virtual health service YuDoctor. Medical professionals will be able to help and support the colleague. <a href="#">Wellbeing Partners (sharepoint.com)</a></p> <p>Encourage the colleague to speak with Occupational Health, or other medical professionals, if they are suffering signs and symptoms of postnatal depression or psychosis.</p> <p>Various medical professionals will be able to issue the colleague with a fit for work note. This will help the colleague and line manager to understand how best to support the colleague return to work.</p> <p>Inform the colleague of the support they are able to access via LifeWorks <a href="#">Employee Assistance Programme</a></p>	
Slips, trips and falls		<p><b>What's the risk?</b></p> <p>Major/minor injuries because of slips/trips/falls which could cause injury both to colleague and baby.</p> <p><b>Possible adjustments to consider:</b></p>	<p><b>Existing controls</b></p>

		<ul style="list-style-type: none"> <li>• Ensure there are no loose/trailing cables in the working environment</li> <li>• Clear any spillages on floor/stairs promptly</li> <li>• Avoid walking in poorly lit areas</li> <li>• Hold handrails when walking down-stairs</li> <li>• Wear appropriate footwear</li> <li>• Avoid walking in severe weather conditions such as snow/ice.</li> <li>• Consider ways in which the colleague may be able to work from home.</li> </ul>	<b>Additional controls, if required</b>
Extremes of temperature (either hot or cold)		<p><b>What's the risk?</b></p> <p>Expectant persons that are exposed to prolonged periods in hot environments are at a far greater risk of suffering from heat stress. Working in extreme cold may pose a hazard for expectant persons and their unborn child. These risks are particularly increased if there are sudden changes in temperature. Finally, breast/chest feeding may be impaired by heat dehydration.</p> <p><b>Possible adjustments to consider:</b></p> <p>Adequate rest breaks and unrestricted access to drinking water should be provided. The provision of a desk fan may be necessary. Relocation if possible or adjustment to working hours should be explored. Consider ways in which the colleague may be able to work from home.</p>	<b>Existing controls</b>
			<b>Additional controls, if required</b>
Display Screen Equipment		<p><b>What's the risk?</b></p> <p>Inappropriate size, layout, or space in relation to the workstation or work area due to increasing size and reduced mobility, dexterity and/or balance during pregnancy.</p>	<b>Existing controls</b>
			<b>Additional controls, if required</b>

		<b>Possible adjustments to consider:</b>  <a href="#">Complete a new DSE risk assessment.</a>	
Lone working		<b>What's the risk?</b>  Pregnant parents may be more likely to need urgent medical attention.  <b>Possible adjustments to consider:</b>  Location, frequency and working pattern of lone working should be assessed as part of the maternity risk assessment. Where lone working cannot be avoided, consider:  <ul style="list-style-type: none"> <li>• Establishing a frequency of regular contacts between the colleague and their line manager</li> <li>• The use of a lone working device</li> </ul>	<b>Existing controls</b>
			<b>Additional controls, if required</b>
Working at height		<b>What's the risk?</b>  It is hazardous for pregnant parents to work at heights, for example for short duration work off ladders or using a kick stool.  <b>Possible adjustments to consider:</b>  Working at height should be avoided by new and expectant parents. Ensure the colleague knows how to ask for help so that they do not need to work at height.	<b>Existing controls</b>
			<b>Additional controls, if required</b>
Night Shifts		<b>What's the risk?</b>  Many of the issues faced by shift workers apply equally to people of all genders. However pregnant parents may find night work extremely tiring.	<b>Existing controls</b>
			<b>Additional controls, if required</b>

		<p><b>Possible adjustments to consider:</b></p> <p>If a colleague has a GP/midwife medical note stating that they must not do night work, transfer to a suitable alternative shift.</p> <p>If a change in shift is not possible, then the colleagues must be medically suspended on full pay for as long as necessary.</p>	
Physical violence		<p><b>What's the risk?</b></p> <p>If a pregnant parent is exposed to the risk of violence at work during pregnancy, after recently giving birth or whilst breast/chest feeding this may be harmful. It can lead to miscarriage, premature delivery and underweight birth, and it may affect the ability to breast/chest feed.</p> <p><b>Possible adjustments to consider:</b></p> <p>Change the design of the job; for example, reduce/remove the face-to-face contact with members of the public.</p> <p>If you cannot significantly reduce the risk of violence, you should offer suitable alternative work.</p> <p>Consider ways in which the colleague may be able to work from home.</p>	<b>Existing controls</b>
			<b>Additional controls, if required</b>
Personal Protective Equipment (PPE)		<p><b>What's the risk?</b></p> <p>PPE is often not designed with pregnant colleagues in mind.</p> <p><b>Possible adjustments to consider:</b></p> <p>Explore <u>measures to take if the PPE is no longer suitable</u>, such as:</p> <ul style="list-style-type: none"> <li>• Changing their work activity to one that does not require PPE</li> <li>• Providing alternative PPE for the duration of the pregnancy</li> </ul>	<b>Existing controls</b>
			<b>Additional controls, if required</b>
		<b>What's the risk?</b>	<b>Existing controls</b>

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Driving on Company Business		<p>Travelling in the course of work for new and pregnant parents carries risks including fatigue, stress and accidents. Additionally as pregnancy progresses space in the car may become increasingly restrictive and uncomfortable for the pregnant parent.</p> <p><b>Possible adjustments to consider:</b></p> <p>Amend planned journeys to avoid long periods of driving in a vehicle. Explore ways that technology may reduce the need to drive; for example, the use virtual/video meetings.</p>	
			<b>Additional controls, if required</b>

Biological Agents, Hazardous Chemicals and Radiation			
Is there potential exposure to?	Yes, No or NA	Guidance and Possible Adjustments	Control Measures
Blood and/or bodily fluids		<p><b>What's the risk?</b></p> <p>The level of risk will depend on the type of work carried out, the infectious disease the worker is exposed to and the control measures in place. There will be an increased risk of exposure to colleagues who have contact with:</p> <ul style="list-style-type: none"> <li>• Human blood and body fluids</li> <li>• First aid duties</li> </ul> <p>Usually during pregnancy, pregnant parents are no more likely to catch an infection than at other times; however, in some cases, the infection may be more severe in pregnancy. It is important to remember that if the pregnant parent does become infected, some infections may be dangerous to their child.</p> <p>Guidance on infections that are known to present a risk to the foetus and new-born baby are detailed in appendix 2 of the HSE publication '<a href="#">Infection Risks to new and expectant mothers in the workplace</a>'.</p> <p><b>Possible adjustments to consider:</b></p> <ul style="list-style-type: none"> <li>• Avoiding the use of, or exposure to, sharp objects (needles, knives etc) where possible. If this is not possible, take particular care in their handling, cleaning and disposal.</li> <li>• Protecting all breaks in exposed skin by means of waterproof plasters and/or gloves.</li> <li>• Remind the colleague of good basic hygiene practices in the workplace, such as regular hand washing.</li> </ul>	<b>Existing controls</b>
			<b>Additional controls, if required</b>
		<b>What's the risk?</b>	<b>Existing controls</b>



Chemical products including spillages, residues, contaminated materials, surfaces or equipment.		<p>Certain chemicals are particularly hazardous to New/Expectant parents, they will carry one or more of the following warnings:</p> <ul style="list-style-type: none"> <li>• R61 may cause harm to the unborn child</li> <li>• R63 possible risk of harm to the unborn child</li> <li>• R64 may cause harm to breast/chestfed babies</li> <li>• H360 may damage fertility or the unborn child</li> <li>• H361 suspected of damaging fertility or the unborn child</li> <li>• H362 may cause harm to breast/chestfed children</li> </ul> <p>However, the actual risk to health of these substances is determined by how they are used in the workplace.</p> <p><b>Possible adjustments to consider:</b></p> <p>There should be a COSHH risk assessment available for the products used in work. This document will detail all the relevant controls needed to be in place.</p>	<div></div> <div>Additional controls, if required</div> <div></div>
Ionising Radiation		<p><b>What's the risk?</b></p> <p>Significant exposure to ionising radiation can be harmful to the foetus. If nursing parents work with radioactive liquids or dusts, these can cause exposure to their child through contamination of the parents skin. For example, funeral care colleagues may be potentially exposed to radioactive deceased.</p> <p><b>Possible adjustments to consider:</b></p> <p>Safe working practices should be designed to keep exposure of the pregnant parent as low as is reasonably practicable, and certainly below the statutory dose limit for pregnant colleagues.</p> <p>Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination. Alternative work may need to be arranged.</p>	<div>Existing controls</div> <div></div> <div>Additional controls, if required</div> <div></div>

Physical Factors			
Is there potential exposure to?	Yes, No or NA	Guidance and Possible Adjustments	Control Measures Implemented
Sitting/Standing for long durations		<p><b>What's the risk?</b></p> <p><b>Sitting</b> – Constant sitting during pregnancy poses a relatively high risk of thrombosis or embolism. In the later stages of pregnancy, pregnant parents are likely to experience backache.</p> <p><b>Standing</b> – Standing for a prolonged period of time may cause dizziness, faintness and fatigue.</p> <p><b>Possible adjustments to consider:</b></p> <p>Avoid sitting or standing for long periods. Pregnant parents should have the opportunity to alternate between standing and sitting and to exercise/move to maintain healthy circulation. Regular rest breaks should be provided.</p>	Existing controls
			Additional controls, if required
Manual handling		<p><b>What's the risk?</b></p> <p>Pregnant parents are at an increased risk from manual handling injuries. Hormonal changes can affect the ligaments, increasing susceptibility to injury, and postural problems as the pregnancy progresses.</p> <p>There can also be risks for those who have recently given birth. Particularly, after a caesarean section there is likely to be a temporary limitation their manual handling capability.</p> <p><b>Possible adjustments to consider:</b></p> <p>Alter the nature of the task to reduce risks from manual handling. This may be achieved by:</p> <ul style="list-style-type: none"> <li>• Providing mechanical lifting aids.</li> <li>• Giving the colleague lighter duties to avoid excessive physical exertion.</li> </ul>	Existing controls
			Additional controls, if required
Excessive noise		<b>What's the risk?</b>	Existing controls

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		<p>Although no direct or specific risk to new or expectant parent or foetus, prolonged exposure may cause tiredness and increased blood pressure. Excessive noise may harm an unborn children; for example, the baby's hearing.</p> <p><b>Possible adjustments to consider:</b></p> <p>If you believe noise in the workplace is particularly noisy; for example, consistently over 80 decibels, contact your H&amp;S Team for additional guidance.</p>	
			<b>Additional controls, if required</b>

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## Risk Reduction Actions

(Continue on a separate sheet if necessary)

Action	Colleague responsible for completion	Completion Date

Has the risk associated with each hazard been removed or adequately controlled? YES/NO

Where medical recommendations have been given to the colleague by their doctor/midwife, have these been implemented? YES/NO

**If 'NO', please seek further advice from your Health & Safety Team or Occupational Health.**

**Action plan completed by: ..... Job Role: ..... Date: .....**

***Once completed please store this risk assessment securely.***

**Review Date: .....**

A review of the Risk Assessment must be undertaken:

- As the pregnancy progresses
- When colleagues return to work within 6 months of giving birth
- If they are breast/chest feeding
- If there are any significant changes to the colleague's activity or workplace

## Glossary of Terms

Term	Definition
<b>Given Birth</b>	Definition as per the Management of Health and Safety at Work Regulations 1999: <i>"Delivered a living child or after 24 weeks of pregnancy a stillborn child".</i>
<b>Hazards</b>	<ul style="list-style-type: none"><li>• Any physical, biological, chemical processes that may affect the safety of the new and expectant person and/or their unborn child, or;</li><li>• Those which may affect a child when breast feeding, e.g. radioactivity etc.</li></ul>
<b>New and Expectant Person</b>	Colleague who: <ul style="list-style-type: none"><li>• Is pregnant</li><li>• Has given birth within the previous 6 months, or</li><li>• Is breast/chest feeding</li></ul>