

## Safety Code of Practice 57

1st Edition, 18/11//21

# MATERNITY

<b>Summary</b>			
This Code of Practice summarises the legal duty, common risks for new and expectant mothers and requirements for conducting a suitable and sufficient maternity risk assessment. This Code of Practice provides advice and guidance to Managers to help them to provide a safe working environment while effectively managing risks to the health and safety of new and expectant mothers. This guidance does not provide detail on maternity rights or leave entitlements and therefore should be read in conjunction with the University of Reading's <a href="#">Maternity Policy</a> .			
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## 1 PURPOSE

Employers are responsible for providing a safe working environment while effectively managing risks to the health and safety of all employees through risk assessments. This is particularly important for new and expectant mothers (those who are pregnant, have given birth in the last six months or are currently breastfeeding). This is because some working conditions and processes can potentially harm them and their child.

An employee does not have to declare they are a new or expectant mother but it is in their interests to do so as soon as possible so Managers can make any necessary changes to support them and to make any necessary adjustments to working conditions.

## 2 SCOPE/APPLICATION

This Code of Practice aims to summarise the legal duty and requirements for conducting a suitable and sufficient maternity risk assessment and related health and safety considerations for line managers once an employee has declared they are pregnant. This guidance does not provide detail on maternity rights or leave entitlements and therefore should be read in conjunction with the University of Reading's [Maternity Policy](#) on the Human Resources web pages.

## 3 RESPONSIBILITIES

### Head of School / Function

Heads of School/Functions must ensure that arrangements are in place to confirm that all relevant workplace risk assessments sufficiently take account of significant risks to female employees, and third-parties (including contractors, students, agency staff and visitors of child-bearing age). Action should then be taken to ensure the individuals concerned are not exposed to any [significant risk](#). Significant findings of the risk assessment must be conveyed to all female employees (and students if appropriate) of childbearing age.

### New / Expectant Mothers

The expectant mother and the University have a joint legal obligation to ensure that a risk assessment is undertaken as soon as pregnancy is confirmed. The main concern is to make sure that the health and safety of a pregnant mother is protected while at work and that they are not exposed to unacceptable risk. A specific maternity risk assessment should be jointly completed with their line manager. The expectant mother should keep their line manager informed of any significant changes to their health throughout the pregnancy and provide adequate notice to their line manager if arrangements are being requested to accommodate breast feeding on return to work after maternity leave.

### Line Manager

The Line Manager must review existing relevant workplace risk assessments to ensure they are suitable and sufficient for new and expectant mothers. Where significant risks are identified, they should undertake a specific maternity risk assessment in conjunction with the expectant mother.

Line Managers should ensure that all female employees of child-bearing age are aware of the need to notify Human Resources in writing as early as possible when they are pregnant, breast feeding or have given birth in the last 6 months even if they are not ready to notify their Manager / Team. This advice may be included during the local Induction procedures or by other appropriate means.

## Local Health and Safety Coordinator (HSC)

Local Health and Safety Coordinators should assist and advise Managers where required to check that local risk assessments adequately consider the specific risks to new and expectant mothers.

## Liaison Advisor (LA) Health and Safety Services

To provide specific advice and guidance to Schools / Functions and/or the Health and Safety Coordinator as required to assist them to sufficiently fulfil their role in line with legal requirements.

## Occupational Health

The Occupational Health service can be contacted by Line Managers at any time for advice and guidance with regards to an employee's health and well-being at work during pregnancy and on return to work. Where a manager requires specific advice, a referral form should be completed and returned.

# 4 REQUIREMENTS

### 4.1.1 Confidentiality

If an expectant mother does not wish it to generally be known that she is pregnant, then the School/Department should follow her wishes wherever possible. Where limited disclosure is necessary for health and safety reasons, then the agreement of the staff member in question should be sought.

### 4.1.2 General workplace risk assessment

All relevant workplace risk assessments must be reviewed periodically (to be determined locally, but ideally annually and/or following any significant change or incident) to ensure that they sufficiently take account of significant risks to female employees and third-parties (including students, contractors, agency staff and visitors) of child-bearing age. Although students will not have the same legal rights as staff, their work will also need to be risk assessed to ensure that they or their unborn child are not put at risk. Action should then be taken to ensure the individuals concerned are not exposed to any [significant risk](#). Significant findings of the risk assessment must be conveyed to all female staff (and third parties if appropriate) of childbearing age.

### 4.1.3 Specific risk assessment

When an employee notifies the School/Function she is pregnant, breast feeding etc. a [specific risk assessment](#) will need to be carried out based on the outcome of the work-related risk assessments above, and any subsequent medical advice. It is important that the expectant mother is consulted during the risk assessment process so that account is taken of any medical issues or specific requirements. If any areas of concern are raised then the employee should be referred to Occupational Health. [See Appendix 1](#) below for guidance on conducting a specific maternity risk assessment. The same process can be followed for students where there are significant risks identified which deem this necessary e.g. conducting hazardous lab or fieldwork work as part of their studies.

#### 4.1.4 Significant Risks

If a significant risk is identified in the specific maternity risk assessment action **MUST** be taken. If the risk cannot be removed, the following actions should be considered (in consultation with HR if required):

Action 1	Temporarily adjust working conditions and/or hours of work. If this will not avoid the risk or is not reasonable to do then go to Action 2
Action 2	Offer alternative work (at the same rate of pay) if possible, which must also be risk assessed. If that is not possible go to Action 3
Action 3	Suspend from work on paid leave for as long as necessary to protect her and her child

## 5 GUIDANCE

### 5.1.1 Common risks for new and expectant mothers

The most common risks from working conditions for new and expectant mothers which may require some amended workplace adjustments includes, but is not limited to:

- Standing or sitting for long periods
- Slips, trips and falls (Balance can be affected - particularly relevant in later stages of pregnancy and for breastfeeding mothers)
- Lone working See [CoP 7 Outside Normal Working Hours](#))
- Threats of violence and aggression in the workplace
- Thermal comfort (including working extreme weather conditions and in / near hot or cold equipment or facilities e.g. ovens and chilled stores in catering environments)
- Manual handling (see [Cop37 manual handling](#))
- Working at height (See [CoP 35 Work at Height](#))
- [Workstation and posture issues](#)
- Work-related stress
- Pre and post-natal depression
- Emergency evacuation in later stages of pregnancy (refer to [CoP 56 PEEPs](#))
- Pregnancy related sickness / Early shift work
- Frequent / urgent visits to rest / washing / eating / drinking facilities / use toilet
- Increasing size and the use of some types of Personal Protective Equipment
- Working in confined or restrictive places
- Lack of rest breaks
- Fatigue

There are also risks through exposure to:

- Lead
- Mercury
- [Radioactive material](#) (Refer to [CoP 16 Radiation Safety Management System](#))
- Chemical hazards - teratogens /carcinogens / mutagens ([CoP 28](#))
- Biological hazards e.g. listeria ([CoP14 pt 1 Biological Safety](#))
- Carbon monoxide
- Cytotoxic drugs
- [Infectious diseases](#)
- Excessive noise

- Vibration
- Genetically Modified Organisms (Refer to [CoP 15: Genetic Modification](#))
- Zoonotic diseases (See [contact with livestock risks](#))

You can find more information in the annexes of the [Pregnant Workers Directive 92/85/EEC](#). Information on potentially harmful industrial processes, including chemical, physical and biological agents, can also be found in [European Commission Guidance](#)

### 5.1.2 Travel to and for work

Outside of the workplace, it is important to be mindful of the risks pregnant workers may face travelling to and from their place of work and whilst travelling for business purposes.

To ensure the safety of the pregnant worker flexibility in work patterns may be required to allow:

- Travel outside of peak travel times
- Avoiding travel during periods of extreme weather
- Avoiding travelling outside of daylight hours

Further considerations:-

- Can travel be avoided altogether via video conferencing / virtual meetings?
- Journey length and comfort breaks required
- Possibility of starting and ending journey from home instead of from place of work

### 5.1.3 Overseas Travel (Flying)

Flying is not considered to be harmful to the unborn child if the mother is having a straightforward pregnancy. However, it is advised to fly before 37 weeks or before 32 weeks for an uncomplicated twin pregnancy because labour could happen at any time after these dates. It is strongly advised that in any case, the expectant mother checks with the airline and the travel insurance company ahead of any plans to travel being confirmed. Many airlines have restrictions on travel in advanced pregnancy.

Other issues to consider may be that travelling whilst pregnant may feel uncomfortable at certain stages of pregnancy due to e.g. pregnancy sickness, swollen legs, nasal congestion and ear problems during pressure changes due to nasal congestion. Any other health issues or pregnancy complications should be discussed with the GP or midwife before travelling. Further information on flying when pregnant can be found on the [National Childbirth Trust](#)

### 5.1.4 Display Screen Equipment (DSE)

Research has shown that there is no link between miscarriages or birth defects and working with DSE. Any member of staff who may still be concerned should talk to their line manager and/or local [DSE Assessor](#).

### 5.1.5 Frequency of assessment

Risk assessments, including DSE, should be repeated at regular intervals during the pregnancy to ensure that working conditions remain satisfactory. This could be once per trimester or more / less frequently dependent on need. Minor adjustments may need to be made to the workstation or to working practices as the pregnancy progresses. Additional breaks away from the DSE workstation is recommended for pregnant workers and the frequency and length of these breaks may increase as the pregnancy progresses. Please undertake a new DSE assessment by logging into the assessment software and select the expectant mother's option from the profiling tool before starting the training/assessment.

For further information regarding DSE please refer to [Code of Practice 13 Using Display Screen Equipment](#)

### 5.1.6 Night Workers

Special consideration should be given for night workers. If a medical certificate is provided stating that night work could affect the employee's health and safety, then she should be offered alternative daytime work, if available, or if not reasonable, suspended from work on paid leave, for as long as necessary.

### 5.1.7 Pregnancy and Covid-19 (2021 temporary guidance)

Pregnant staff are advised to follow the specific [guidance for pregnant employees](#) because pregnant women are considered clinically vulnerable. In some cases pregnant women may also have other health conditions that mean they are considered Clinically Extremely Vulnerable (CEV), where the advice for clinically extremely vulnerable staff will apply.

[COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains vaccination advice.

As part of the risk assessment, line managers should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks. Managers should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any point of gestation, may be at greater risk of severe illness if they catch coronavirus (COVID-19). This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness if they catch coronavirus (COVID-19). It is recommended that the same principles are applied for pregnant students, in line with the wider health and safety obligations. Further information is available: [guidance and advice on coronavirus \(COVID-19\) and pregnancy from the Royal College of Gynaecologists](#).

## 6 BREASTFEEDING

There are some specific risks associated with breast feeding for new mothers that will need to be considered, such as working with organic mercury. The assessment must remain valid for as long as the staff member wishes to breastfeed. There is no fixed time span for breast feeding and this can vary considerably. It is good practice to provide facilities for nursing mothers to express and store milk such as a dedicated small refrigerator provided in a designated rest area, although this is not a legal requirement. Managers should try to facilitate this where requested.

The University has rooms available to accommodate rest / breastfeeding requirements. They will be available on a first come first served basis and will not be bookable. The Parent and Family Network also holds a list of locally bookable rooms and/or contacts in different campus buildings for anyone who needs to arrange expressing facilities or requires access to a fridge.

Available rooms as follows:-

#### London Road, L22 CD201

Facilities: nursing chair and footstool, moveable table, fridge, sink, mirror, notice board, fan, plug sockets for electric pumps

Access: No special access needed. Lock on door with engaged/vacant sign.

Notes: Multipurpose - also used as quiet room/prayer room

### Whiteknights, Library G25

Facilities: nursing chair and footstool, moveable table, fridge, mirror, notice board, fan, plug sockets for electric pumps

Access: Key card can be signed out from reception (to be returned after each use)

### Earley Gate, Meteorology 1U18

Facilities: nursing chair and footstool, moveable table, fridge, mirror, notice board, fan, plug sockets for electric pumps

Access: To be determined

There is a danger that certain microbes can be transmitted to the baby through breast milk and may result in infection. This is however unlikely if adequate controls for managing infections in the workplace already exist to protect the general working population.

A more serious concern is where breastfeeding staff are working with chemicals that can enter the breast milk e.g. lead or pharmaceutical drugs. If controls cannot adequately protect breastfeeding mothers, it may be necessary to find suitable alternative work for the duration of breastfeeding. If Managers or staff are concerned they should contact the University Occupational Health Team for advice.

## 7 REVIEW & AUDIT

The pregnant workers risk assessment should be reviewed regularly as the pregnancy progresses. It is recommended that the risk assessment should be reviewed at each trimester. It can be reviewed more regularly if there are significant changes to the workplace, the health of the worker, if the worker continues to breastfeed after returning to work or at the workers request.

## 8 RELEVANT LEGISLATION

The Management of Health and Safety at Work Regulations 1999 (MHSW) implement the health and safety requirements of the Pregnant Workers Directive (92/85/EEC) into UK law.

The specific health and safety requirements relating to new and expectant mothers at work are mainly contained in Regulations 16 to 18 of the MHSW. Regulation 3 places a legal duty on employers to assess the health and safety risks that all their employees are exposed to at work. If risks are identified, then the employer is required to put in place appropriate health and safety measures to control them.

In addition, Regulation 16 of the MHSW requires the risk assessment to include any risks to females of childbearing age who could become pregnant, and any risks to new and expectant mothers. These risks can be from any process, working condition or work involving physical, biological or chemical agents.

Employers have certain obligations once they have received notification in writing from an employee that she is a new or expectant mother, under Regulation 18 of the MHSW. When an employee provides written notification that she is pregnant, has given birth within the past six months or is breastfeeding, the employer should immediately take into account any risks identified in their workplace risk assessment.

If there are any identified significant risks to the health and safety of a new or expectant mother (including risks to her child), and these cannot be avoided by taking the preventive and protective measures required under relevant health and safety legislation, then employers must take action to remove, reduce or control the risks.

Regulation 17 of the MHSW states that, where a new or expectant mother works nights, but provides a medical certificate from her GP or midwife saying night shifts will affect her health, her employer must suspend her from work on full pay for as long as necessary. However, the Employment Rights Act 1996 provides that, where appropriate, suitable alternative work should be offered on the same terms and conditions before any suspension from work is considered.

### **Workplace (Health, Safety and Welfare) Regulations 1992**

The Workplace (Health, Safety and Welfare) Regulations 1992 (the Workplace Regulations) also protect the health and safety of new and expectant mothers at work.

They require employers to provide suitable rest facilities for workers who are pregnant or breastfeeding, which should be suitably located (e.g. near toilets) and, where necessary, include appropriate facilities for new or expectant mothers to lie down.

### **Equality Act 2010**

Breaches of the MHSW may be considered to be unlawful discrimination under the Equality Act 2010, depending on the circumstances. The Equality Act requires no length of service qualification and gives protective rights to a broad range of employees, including contract, agency and apprentice workers. A breach of the Equality Act could lead to civil liability.

## 9 REFERENCES

Guidance for workers <https://www.hse.gov.uk/mothers/worker/index.htm>

Infection risks for new and expectant mothers in the workplace  
<https://www.hse.gov.uk/pubns/books/infection-mothers.htm>

Workplace (Health, Safety and Welfare) Regulations 1992 – Approved Code of Practice and guidance L24 <https://www.hse.gov.uk/pubns/books/l24.htm>

### Commission Guidelines 2000

On the guidelines on the assessment of the chemical, physical and biological agents and industrial processes considered hazardous for the safety or health of pregnant workers and workers who have recently given birth or are breastfeeding (Council Directive 92/85/EEC).

### Direct Gov

Direct Gov provides more details about employment relations, including maternity and paternity rights, leave and work life balance

### Equalities Act - Codes of Practice on Employment

The Equalities Act 2010 lists pregnancy and maternity as a protected characteristic. It is unlawful for an employer to subject a woman to unfavourable treatment during the 'protected period' as defined by the Act. Further information on pregnancy and maternity discrimination can be found in the Code of Practice on Employment.

### Acas

Acas (the Advisory, Conciliation and Arbitration Service) offers free, confidential and impartial advice on all employment rights issues. They also published the guide: [Accommodating breastfeeding employees in the workplace](#).

### NHS

The NHS website offers advice on maternity rights related to healthcare and your job.

### Breastfeeding and Work

This leaflet by the Department for Health explains how you can breastfeed and work. Many working women find ways to continue breastfeeding their baby and employers have certain obligations towards breastfeeding women.

## **Appendix 1: Line Manager guidance on conducting a specific maternity risk assessment**

**Step 1** Read through the employee's job description to ensure you understand the role.

**Step 2** Arrange a suitable time to meet with the employee. In the case of an expectant mother, this should be as soon as possible after you receive notification (whether verbally or in writing) of the employee's pregnancy. It may be helpful to send any useful guidance to the employee ahead of the meeting so they can consider this in good time e.g. Hazard categories checklist.

**Step 3** Using the Guidance in this safety note, assess all aspects of the role with the employee

**Step 4** Document the findings on the [specific risk assessment form for new and expectant mothers](#) and maintain a record.

**Step 5** Take appropriate action, where significant risks are identified. Consult Human Resources if there is a need to find suitable alternative work.

**Step 6** Review the assessment at appropriate regular intervals and additionally if there is a change in either the employee's circumstances or the work environment.

**Step 7** Review the maternity risk assessment as soon as possible when the employee is due to return / returns to work after maternity leave to confirm whether any previous controls need to remain in place temporarily or to accommodate breast feeding requirements.