

<b>Part 1</b>		
Assessor		
Employee NEM)		
Job Title/Staff No		
Location and Hours of Work		
Are they an Expectant Mother?	Yes/No	If <b>Yes</b> complete Parts 2 & 4 If <b>No</b> complete Part 3 & 4

<b>Part 2 Expectant Mothers Information</b>	
Have you received confirmation of pregnancy	Yes/No
Estimated date of delivery	
Expected date to commence maternity leave	

<b>Part 3 Assessment of Risks to New Mothers</b>		
Date of delivery		
Date of return to work		
<b>Breast-feeding requirements</b>		<b>Notes</b>
Is the employee going to continue to breast-feed	Yes/No	
Is there adequate provision and privacy to express and store milk	Yes/No	
Are there any work place hazards associated to/with breast-feeding	Yes/No	

<b>Part 4 Assessment of Risks to New &amp; Expectant Mother</b>		
<b>Is there exposure to -</b>		<b>Notes</b>
Shocks, vibration or sudden movement	Yes/No	
Manual handling activities	Yes/No	
Noise	Yes/No	
Ionising radiation	Yes/No	
Extremes of temperature	Yes/No	
Shift work	Yes/No	
Biological hazards	Yes/No	
Chemical hazards	Yes/No	
Working at height	Yes/No	
Excessive travel	Yes/No	
Threat of violence in the workplace	Yes/No	
Display screen equipment	Yes/No	
Are they having difficulty carrying out the full range of tasks associated with their work?	Yes/No	
Have any specific concerns with existing work be identified by the Employee, GP or Midwife?	Yes/No	
Evaluation required by Occ Health Provider?	Yes/No	
<b>Issues which may affect work -</b>		
Nausea	Yes/No	
Back ache	Yes/No	
Frequent visits to the toilet	Yes/No	
Increasing size	Yes/No	
Balance	Yes/No	
Comfort	Yes/No	
Varicose veins	Yes/No	
Other medical conditions	Yes/No	

Notes/Action Plan	Completed By	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Assessor:	Signature	Date
Employee (NEM):	Signature	Date
	Review Date	

### GUIDANCE ON HAZARDS & CONTROL MEASURES TO CONSIDER WHEN UNDERTAKING A NEMS (NEW & EXPECTANT MOTHER) RISK ASSESSMENT

Existing workplace hazards	Nature of risk for NEM	Control measures to consider
<b>Physical</b>		
Exposure to radiation	Significant exposure to ionising radiation may be harmful to the foetus.	Ensure compliance with Ionising Radiation Regulations. Refer to H&S professional
Loud noise	Prolonged loud noise can increase the blood pressure and reduce growth of the baby.	Refer to H&S professional if exposed to noise which makes conversation difficult at a distance of 2m.
Work on slippery or wet surfaces	The likelihood of falling may be higher especially in later <i>pregnancy</i> when the body shape changes. Falling carries a risk to mother and baby.	Implement usual good practices to minimise slipping risks (eg clear signage, regular cleaning of wet areas).
Prolonged sitting or standing	Prolonged sitting increases the risk of back pain. Prolonged standing (>3 hrs at a time) increases the risk of back pain, tiredness and varicose veins.	Consider additional breaks; regular short walks; provision of a stool or chair if appropriate; consider reducing time standing to minimum possible.
Vibrating equipment	Use of tools which cause hand arm vibration increases the risk of carpal tunnel; the risk of carpal tunnel is also increased by pregnancy. Whole body vibration increases the risk of back pain. High levels of whole body vibration and being bumped about can be potentially hazardous for the baby.	Refer to H&S professional if this is an issue. Consider removal of tasks from job role.
Repeated bending or stretching	This may increase the risk of back pain and also of fatigue, especially in later pregnancy.	Consider additional breaks.
Lifting and carrying	Hormonal changes during and immediately after pregnancy increase susceptibility to ligament and associated injuries. The risk of back pain is increased in pregnancy due to softening of the ligaments. This can occur from the beginning of pregnancy and throughout its duration. In later pregnancy, the risks are increased due to the changed posture.	Consider additional breaks; Review tasks; reduce lifting and carrying as far as possible.
<b>Chemical</b>		
Work with chemicals or lead	Some chemicals are specifically toxic to the developing foetus. Pregnant women are forbidden by law from work involving lead (eg some piping or lead flashings).	For low risk chemicals such as disinfectants regularly used by cleaners, the risk is relatively low and usual control measures such as wearing gloves will be adequate. If more toxic substances are involved consult the COSHH data sheet. If further guidance is required then consider seeking guidance from an Occupational Health / H&S Professional

<b>Biological</b>		
Work with micro-organisms or infectious materials	Some diseases such as Chicken pox, German measles, or Tuberculosis pose particular risks for pregnant women. These are not likely to be a risk except for those working in a healthcare/childcare environment. Specific control measures may be needed for those working with known microbiological hazards, eg blood borne virus (Hepatitis B, Hepatitis C HIV)	Consult Occupational Health Professional advice if concerned re potential exposure. Where possible avoid potential contact with infectious diseases. Restrict exposure if employee known not to be immune to Rubella (German Measles), VZV (chicken pox) or TB. Provision of appropriate Personal Protective Equipment (PPE).
<b>Ergonomic</b>		
Working with Display Screen Equipment (DSE)	No specific risk to health. Postural effects	Compliance with DSE Regulations.
Work in confined areas	Work in small areas may increase the risk of musculoskeletal problems, particularly in later pregnancy when the body shape changes.	Consider changing duties to avoid this, especially in late pregnancy eg cleaners may struggle to clean toilets and shower cubicles as pregnancy progresses.
Use of protective clothing or uniform	Clothing may be hot or cumbersome and increase fatigue. Clothing may fit badly as shape changes in later pregnancy.	Consider whether clothing is comfortable and appropriate, provide alternate style if necessary. Consider redeployment if suitable clothing cannot be provided.
<b>Psychosocial</b>		
Exposure to strong or unpleasant smells	This may increase nausea, especially in early pregnancy.	If this is a particular issue, consider relocation from the area in early pregnancy. Consider breaks to be taken away from the area, if necessary.
Working alone for long periods	Possible increase in risk of ill-health requiring assistance.	Review usual lone working policies; consider additional means for raising assistance if needed etc.
Shift work or night work	Fatigue may be an issue.	Review working hours/shift pattern if this causes a significant problem. May require flexibility on shift patterns (eg no mornings if struggling with morning sickness; GP/Midwife provides medical certificate stating she must not work nights).
Overtime	Fatigue may be an issue - growth of the baby may be reduced if working long hours or very tired.	Working hours should be limited as far as possible to a standard working week of approx 40 hrs. Consider if work demands are excessive.
Work in hot conditions	Fatigue may be an issue. Also risk of increased blood pressure. This may be an issue even in ordinary offices in particularly hot weather.	Consider extra breaks in a cooler area if appropriate. Ensure drinking water is available. Consider alternate duties if effects are severe.
Work without good access to toilet and rest facilities	More frequent toilet breaks may be required during pregnancy. Fatigue may be an issue in pregnancy.	Consider redeployment if adequate toilet facilities are not available; consider whether rest area required.
Violence and aggression	Direct trauma or physical shocks to the abdomen during pregnancy may increase the risk of haemorrhage and miscarriage.	To perform risk assessment identifying likelihood of exposure to workplace violence and aggression. Consider alternative work if unavoidable risk identified.