



# **New and Expectant Mothers Compliance Code**

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Annex A – Assessment Guidance

## 1. Introduction

### Equal Opportunities and Scope

While employers are required to assess risks to all staff, they have a specific requirement to consider risks to new and expectant mothers. Although many staff may be able to carry out their normal duties when they are pregnant, have given birth in the previous six months or are breastfeeding, some special arrangements may have to be made for these staff to ensure that they or their child are not exposed to any significant risk.

This Compliance Code also includes and applies to volunteers, agency or relief workers working on behalf of the organisation.

Pregnancy should not be regarded as ill health. It is part of everyday life and safety implications at work can be addressed by the safety management system and procedures. Additional guidance can be found in Annex A to this Code. However, with the diversity of work carried out, it is important to look at all work activities as not all areas of work may be mentioned specifically in the guidance, and each pregnancy can impact on a women's health and capabilities differently

Staff are expected to adhere to this Compliance Code in line with its obligations under equality legislation. Headteachers must ensure that all reasonable adjustments or supportive measures are considered to allow equality of access and opportunity regardless of age, gender, ethnicity, sexual orientation, disability, faith or religion, gender identity, pregnancy or marital status.

## 2. Definitions

Staff	This includes those directly employed by the organisation and also includes volunteers, agency and relief staff working on behalf of the organisation
New and expectant mother	A staff member who has notified their manager that they are pregnant, have given birth within the previous six months or who is breastfeeding
Given birth	This is defined as having delivered a living child, or, after 24 weeks of pregnancy, a stillborn child
Maternity	For the purpose of this policy and guidance, maternity means the pregnancy, the six months after giving birth and the breastfeeding period

## 3. Headteachers Responsibilities

When a staff member notifies that she is pregnant, has given birth in the last six months, or is breastfeeding, headteachers are responsible for:

- Carrying out a specific risk assessment as soon as possible to ensure the safety of mother and child. It is good practice to carry out this assessment as soon as a staff member makes it known they are pregnant, have given birth recently or are breastfeeding even if it is too early for confirmation in writing.
- Ensuring any necessary control measures or actions are implemented
- Keeping the assessment and the control measures under regular review. The review intervals may need to become more frequent as the pregnancy progresses to consider any changing needs of the staff member.
- Ensuring there are suitable facilities available for workers who are pregnant or breastfeeding to rest (this may be in a first aid room, or a comfortable chair in a quiet place for example).

#### **4. Staff Responsibilities**

It is advisable for staff to notify their headteacher when they are pregnant or breastfeeding in order for any necessary measures to be put in place for the protection of both themselves and their child. Staff are responsible for: -

- Raising concerns, they may have about their work or the arrangements with their headteacher.
- Seeking medical advice on particular queries about their own health with their GP/midwife/appropriate specialist. While the additional guidance at Annex A to this Code gives general advice for work related health, it cannot give detailed medical information about particular situations and conditions.

#### **5. Risk Assessment and Reviews**

Headteachers are responsible for ensuring that an individual risk assessment is carried out for their staff member as soon as possible after being informed of the pregnancy. As with other risk assessments, the headteacher can either carry out the assessment themselves or can delegate to another appropriate member of staff to undertake this task.

To record the risk assessment the WNAT general Risk Assessment form should be used as per the WNAT Risk Assessing Compliance code.

The staff member that the assessment is for should be involved in the risk assessment process. Headteachers should ensure they take advice provided by the staff member's health professional into account. The headteacher or assessor must ensure that their staff member's pregnancy is not made known to others without consent.

Guidance provided in Annex A to this Code sets out some of the known work-related risks and gives suggested control measures to lower or remove those risks. It is important to look at all the staff members' work activities as not all areas of work may be mentioned specifically in the guidance.

Any identified control measures must be put in place without delay. Where actions do not sufficiently remove or reduce risks to an acceptable level, headteachers/managers may need to:

- Consider adjustments to the individual's working conditions and/or hours of work.
- Offer suitable alternative work if available
- Where neither of the above are feasible, it may be necessary to suspend the staff member from work on paid leave for as long as necessary to protect their health and safety and that of their child.

Headteachers will need to refer to the WNAT Sickness and absence Policy in this case.

The Risk Assessment must be reviewed regularly. Frequencies will depend on the type of work, its location and on the individual. The reviewing intervals may need to become more frequent as the pregnancy progresses to consider any changing needs of the staff member. For example, dexterity, agility, coordination, speed of movement and reach may be impaired because of increasing size.

Some staff may choose to work late into their pregnancy. Where the worker intends to continue working close to the date of confinement, more frequent review of the risk assessment will be essential. Importance should be given to reviewing and revising if necessary the staff members access to communication with others and the levels of supervision. This will be particularly relevant where lone working is involved.

Risk assessment must be repeated on the staff members return to work, to take account of any risks for the new mother and child especially if breastfeeding.

## **6. Breastfeeding**

It is up to the mother to decide how long she wishes to breastfeed, and it is recognised some choose to continue this into the child's second year or beyond. Where staff continue to breastfeed for many months, headteachers/managers will need to review risks regularly using the risk assessment template as above. The main concerns will be to prevent contaminants from entering the breast milk. Where risks are identified headteachers/managers will need to continue to prevent exposure to the risk.

It is good practice to provide a healthy and safe environment for nursing mothers to express or store milk. This could be included in the suitable resting facilities you must provide for new and expectant mothers.

## **7. Other Considerations**

In addition to any risks presented by the work activity itself, there are aspects of pregnancy that may impact on the way an individual is able to work. These aspects include morning sickness, backache, increasing size, frequent visits to the toilet, tiredness, and any changes in relation to dexterity, agility, balance and comfort. Some of these are mentioned in the guidance provided to help with the risk assessment process. However, it is important for headteachers to give consideration to all such aspects as circumstances dictate.

## **9. Rest Facilities**

Pregnant workers may, at times, suffer from fatigue and other effects, especially during the latter months of the pregnancy. If an expectant mother needs rest during their working hours, she should be allowed to sit in a suitable and quiet area of the premises. This could be a vacant or quiet area of an office, a vacant meeting room, first aid room, or a comfortable chair in a quiet place, etc.

## Annex A to WNAT New and Expectant Mothers Compliance Code

### Assessment guidance

This guidance has been produced to assist in identifying and suggesting ways of addressing work related risks in relation to new and expectant mothers. It is important to look at all work activities carried out by the expectant mother as there may be some not mentioned specifically in this guidance.

Hazard	Risk	Suggested Control Measures
<ul style="list-style-type: none"> <li>● Moving and handling</li> <li>● Service user/pupil movement and/or load handling or movement</li> <li>● (including pushing, pulling, sliding and rolling as well as lifting)</li> </ul>	<ul style="list-style-type: none"> <li>● Hormonal changes can affect the ligaments increasing susceptibility to injury</li> <li>● Postural problems may increase as the pregnancy progresses</li> <li>● Staff who have recently given birth, e.g. after a caesarean section, may have a temporary limitation on lifting and handling</li> <li>● Breastfeeding mothers may experience discomfort due to increased breast size and sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>● Review existing moving and handling assessment to consider whether the need for manual handling can be avoided.</li> <li>● Take steps to reduce any risks that cannot be avoided to the lowest level possible.</li> <li>● Reduce the amount of physical work or provide aids to reduce the risk</li> <li>● Alter the nature of the task to reduce the risks</li> </ul>
<ul style="list-style-type: none"> <li>● Shocks, vibration or movement</li> <li>● Working with some machines</li> <li>● driving for long periods</li> <li>● handling uncooperative service users/pupils</li> <li>● playing with children</li> </ul>	<ul style="list-style-type: none"> <li>● Regular exposure to shocks, low frequency vibration, or excessive movement may increase the risk of a miscarriage</li> <li>● Breastfeeding staff are at no greater risk than other staff</li> </ul>	<ul style="list-style-type: none"> <li>● Staff at risk should avoid work where the abdomen is likely to be exposed to shocks or jolts e.g. where there is a foreseeable risk of being hit in the abdomen when playing or restraining</li> <li>● Staff should avoid driving for long periods and driving over rough ground</li> <li>● Avoid use of machinery which causes vibration</li> </ul>
<ul style="list-style-type: none"> <li>● Movements and postures</li> <li>● Standing for prolonged periods</li> <li>● excessive physical pressure</li> <li>● sitting for prolonged periods such as office work</li> </ul>	<ul style="list-style-type: none"> <li>● Postural problems may increase as the pregnancy progresses especially if the work involves awkward movements or long periods of standing or sitting in one position</li> </ul>	<ul style="list-style-type: none"> <li>● Review all work activities and ensure that hours of work and the volume and pacing of work are not excessive. Where possible enable the staff member to have some control over how their work is organised</li> </ul>

<ul style="list-style-type: none"> <li>• working in a restricted space</li> <li>• driving</li> </ul>	<ul style="list-style-type: none"> <li>• Fatigue from standing and other physical work has been associated with miscarriage, premature birth and low birth weight</li> <li>• Constant sitting can lead to risk of thrombosis and embolism and in the later stages of pregnancy women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time</li> <li>• Pregnant workers may experience problems working in tight workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size.</li> <li>• Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired and an increased risk of accidents possible</li> <li>• Movement may be impaired by increasingly tight clothing</li> <li>• Risk of trips and falls due to inappropriate footwear</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure seating is available where appropriate to reduce fatigue from standing and to provide the opportunity to alternate between standing and sitting</li> <li>• Allow longer or more frequent breaks to avoid or reduce the amount of time spent in a static or specific position</li> <li>• Consider adjustments to workstations or procedures to help remove postural problems</li> <li>• Ensure suitable provision of workwear for those provided with this</li> <li>• Ensure staff wear suitable and appropriate footwear</li> </ul>
<ul style="list-style-type: none"> <li>• Extremes of cold or heat</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women tolerate heat less well and may more readily faint or are more liable to heat stress. The risk lessens after birth, but it is not certain how quickly an improvement comes about</li> <li>• Breastfeeding may be impaired by heat dehydration</li> <li>• No specific problems arise from working in cold conditions that are</li> </ul>	<ul style="list-style-type: none"> <li>• All work activities that are likely to expose staff to prolonged exposure to heat should be reviewed</li> <li>• Adequate ventilation should be provided to reduce temperature and humidity</li> <li>• Access to rest facilities and refreshments should be available and adequate breaks allowed</li> <li>• Suitable work clothing should be provided where applicable.</li> </ul>

	different to the problems this may cause all workers generally	
<ul style="list-style-type: none"> <li>• DSE work</li> <li>• Workspace</li> <li>• posture and movement</li> <li>• workload</li> </ul>	<ul style="list-style-type: none"> <li>• Risks caused by limited space, increased size of abdomen, problems with movement and level of workload are covered under Movements and posture above</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly review existing DSE assessment and make whatever adjustments to workstation, environment and workload are reasonably practicable</li> </ul>
<ul style="list-style-type: none"> <li>• Lone working</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women are more likely to need medical attention</li> <li>• If working close to their expected delivery date, there is increased risk that the staff member may go into labour while at work</li> </ul>	<ul style="list-style-type: none"> <li>• Review and revise where necessary access to communications with others, including the levels of supervision, to ensure that help and support is available when required</li> <li>• Review emergency procedures to ensure they consider the needs of new and expectant mothers</li> <li>• Ensure adequate training/information</li> </ul>
<ul style="list-style-type: none"> <li>• Stress</li> </ul>	<ul style="list-style-type: none"> <li>• New and expectant mothers can be particularly vulnerable to occupational stressors</li> <li>• Excessive mental pressure may cause stress and can give rise to anxiety and raised blood pressure</li> <li>• Work related stressors may be heightened by possible anxiety during pregnancy and on return to work</li> </ul>	<ul style="list-style-type: none"> <li>• Take account of organisational stress factors – shift patterns, job insecurity, workloads etc and ensure necessary understanding/ support and recognition is available</li> <li>• Promote wellbeing initiatives</li> <li>• Adjust working conditions and hours where necessary</li> </ul>
<ul style="list-style-type: none"> <li>• Work-related violence</li> <li>• Dealing with difficult and aggressive service users/pupils</li> <li>• Restraining service users/pupils</li> <li>• Dealing with service users/pupils with known behavioural problems</li> </ul>	<ul style="list-style-type: none"> <li>• Exposure to violence at work when pregnant, recently given birth or breastfeeding can be harmful</li> <li>• Regular exposure to shocks or excessive movement may increase the risk of miscarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Existing risk assessments should have identified areas or activities where there is a reasonable likelihood of violence against staff. Pregnant staff should avoid work where the abdomen is likely to be exposed to shocks or jolts from violence</li> <li>• Maintain extra contact with those working away from their base</li> <li>• Consider changing the job activities /design e.g. reducing carrying/use of cash</li> <li>• Ensure adequate training/ instruction/information</li> </ul>



<ul style="list-style-type: none"> <li>Working in/visiting service users/pupils' homes</li> </ul>	<ul style="list-style-type: none"> <li>Unhealthy or unhygienic environments may increase the risk to health. This could be due to the presence of fleas from pets or contact with faecal matter/urine from incontinence, or contact with an infectious disease</li> <li>Cramped conditions will increase manual handling risks</li> <li>There may be trip hazards or electrical hazards</li> <li>Flats above ground floor may increase physical exertion, especially if there is a need to carry equipment</li> <li>Difficulties in safe legal parking could increase walking distances to the service user/pupils' home, which could increase physical exertion</li> <li>Time of visit, especially during the winter months which may pose risk due to poorer lighting or inclement weather</li> </ul>	<ul style="list-style-type: none"> <li>Review individual risk assessments for service users/pupil's homes to consider potential risks for expectant mothers. If there is any doubt expectant mothers should not be exposed to the location</li> <li>Consider reallocation of case load to 'safe' service users/pupils' homes</li> <li>Consider 'double ups' to reduce the risks of moving and handling activities</li> </ul>
<ul style="list-style-type: none"> <li>Personal Protective Equipment (PPE)</li> </ul>	<ul style="list-style-type: none"> <li>There could be a risk of PPE not being used when prescribed for particular activities if it is not comfortable.</li> </ul>	<ul style="list-style-type: none"> <li>Any PPE must be suitable for the task, but must also be suitable in comfort and fit taking the naturally increasing size of the wearer into account</li> <li>Any work for which PPE has been indicated should not be undertaken if suitable and adequate PPE is not available or comfortable for their condition</li> </ul>
<ul style="list-style-type: none"> <li>Infection/biological risks</li> </ul>	<ul style="list-style-type: none"> <li>Some infections/conditions contracted during pregnancy may cause damage to the developing baby or once born, through breast milk</li> <li>Bites, scratches, needlestick injury from someone infected with a blood borne virus</li> </ul>	<ul style="list-style-type: none"> <li>Apply the rules of thorough handwashing (details can be found in the WNT Standard Infection Control Compliance Code) at all times</li> <li>Existing risk assessments should have identified where there is a possibility of being exposed to bites and scratches and what</li> </ul>

	<ul style="list-style-type: none"> <li>• Contact with infections such as chickenpox, rubella etc which could affect the health of the foetus</li> <li>• Contact with general infections such as gastroenteritis which may pose risks to pregnant women</li> <li>• Contact with ewes or new-born lambs and placentas during lambing season, or contact with clothing and boots that have been in contact with infected animals</li> <li>• Infection can also be contracted from infected birds, e.g. parrots, turkeys, pigeons and ducks</li> <li>• Contact with cat faeces especially when cleaning pet litter trays</li> <li>• Contact with contaminated soil</li> <li>• Eating undercooked meat, especially beef, lamb and pork</li> <li>• Eating contaminated food e.g. risk of listeria from unpasteurised milk, soft cheese, pate, prepared salad accompaniments such as coleslaw</li> </ul>	<p>control measures are in place to minimise that risk.</p> <ul style="list-style-type: none"> <li>• Expectant mothers should be reminded there are risks associated with infections such as chickenpox, measles and rubella and should be advised to seek advice from their GP with any concerns</li> <li>• Expectant mothers should always seek advice from their GP or other health professional where there are any concerns if in contact with an infectious condition</li> <li>• If the place of work or work activity involves working with or visiting farms with sheep, expectant mothers should avoid visits / working with ewes during the lambing season. Contact with clothing or boots which may have been in contact with ewes or lambs should also be avoided</li> <li>• Where PPE has been identified for use during a particular work activity, this must be used</li> <li>• Where a premise has pets, expectant mothers should avoid cleaning litter trays. PPE must be worn if contact is unavoidable</li> <li>• If visiting the home of someone using our services where there are poor social conditions/hygiene concerns, staff must avoid eating or drinking on the premises and must ensure that there are adequate hand washing facilities</li> <li>• Consideration may need to be given to removing a new or expectant mother from some front-line activities or the source of the infection where there is significant risk</li> </ul>
<ul style="list-style-type: none"> <li>• Working with chemicals</li> </ul>	<ul style="list-style-type: none"> <li>• There are potential risks when working with chemicals. However, there may be no risk in practice providing the control measures identified from the</li> </ul>	<ul style="list-style-type: none"> <li>• Review all hazardous substances assessments for activities that new and expectant mothers may be involved in,</li> </ul>

	<p>hazardous substance assessments are in place.</p> <ul style="list-style-type: none"><li>• Details on hazardous substance relating to pregnancy can be found on the associated substance Material Safety Data Sheet (MSDS)</li></ul>	<p>considering whether existing control measures are adequate for their protection</p> <ul style="list-style-type: none"><li>• Continue the review throughout their pregnancy and on their return</li><li>• Ensure there has been appropriate information/instruction/training</li><li>• Where PPE is required ensure that it continues to be suitable for the individual</li><li>• If suitable control measures are not possible remove the individual from potential exposure</li></ul>
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