



GMB Safety Representatives guide to Rights for Pregnant & Nursing Mothers

There is special legal protection for pregnant women and new mother who work. The employer has a statutory duty to make sure that your working conditions will not put your health or your baby's health, safety or welfare at risk.

Almost 440,000 working women are pregnant in Great Britain each year. Nearly half are likely to experience some form of disadvantage at the workplace, simply by being pregnant or taking maternity leave. (*Equal Opportunities Commission, 2005*)

What are my Rights?

In most cases pregnancy goes undetected for the first 4 – 6 weeks. It is important for you and your child's health, safety and welfare that you tell your employer or their representative (manager) in writing that you are pregnant as soon as you can (or that you have miscarried, given birth in the last six months, or are breastfeeding).

- Your employer has a legal duty to make sure that your health safety and welfare of you and your baby is not put at risk by the work or process that you or the conditions under which you do it.
- Once your employer has received notice in writing that you are pregnant, they must consider in consultation with your safety representatives/shop steward what, in you work, could cause harm to you or your baby.

- They must carry out a personal risk assessment specifically for you, in accordance The Management of Health and Safety at Work Regulations 1999.
- The risk assessment must be kept under review during pregnancy and also must be reviewed following your return to work.
- Your employer or their representative can ask for a certificate from your GP or your midwife showing that you are pregnant.
- It does not matter how small your employer's undertaking is, the duty to carry out a risk assessment applies to all employers.
- An employer must provide a pregnant women or nursing mother with suitable facilities to rest, in accordance with the Workplace (Health, Safety and Welfare) Regulations 1992.

What are the risks?

Health, safety and welfare risks can develop at any stage of pregnancy. For example, from heavy lifting, too much driving, extremes of cold or heat and awkward postures and movements. Some of the most common risk are:

- Lifting and carrying of heavy loads;
- Standing or sitting for long periods of time;
- Poorly designed workstations and/or postures;
- Exposure to infectious diseases;
- Exposure to chemicals e.g. drugs, lead;
- Work-related stress;
- Threats of violence in the workplace;
- Excessively noisy workplaces; and
- Extremes of heat and cold

What happens after the risk assessment?

If the risk assessment identifies hazards that could pose a risk to you or your baby, then your employer must do all they can to eliminate the risk or reduce it to a safe level. If the risk cannot be adequately or appropriately controlled then your employer must take action:

- **ACTION 1** – if it is reasonable and if it avoids the risk, the employer should temporarily adjust your working conditions and/or hours of work;
- **ACTION 2** – if this is not possible, the employer should offer you suitable alternative work (*on terms and conditions which are not less favourable than your normal conditions of employment*); and
- **ACTION 3** – if this is not possible, you have the right to be suspended on full pay for as long as it is necessary to avoid the risks (*paid suspension from work*).

Night work

If you work nights and you have a certificate from your GP or midwife stating that you must not work at night, your employer must take ACTION 2 or 3 above.

Some women are offered paid suspension from work when they would rather stay at work. If you are in this situation, contact your safety representative and/or shop steward, especially if you believe there might be ways of having your job or process adapted.

If you are signed off from work this may not address the cause of your ill-health. The health problem could re-occur when you return to work and colleagues, who may also be pregnant or in the future become pregnant, might also be exposed to the hazard.

What is the impact on my maternity rights?

Some women may find it difficult to go to work during all or part of their pregnancy because risks are not assessed correctly in the first place and/or adequate steps are not taken to deal with the particular risk for pregnant women at the workplace. Some women often find it easier to take time off sick, even if you are not really ill, but just struggling to cope with being pregnant at work.

However, you should consider your rights and options carefully, because if you are signed off sick and you are not eligible for an employers' sick pay scheme you may be financially disadvantaged because:

- Your only source of income may be Statutory Sick Pay (SSP) (£72.55 – April 2007), with income support in appropriate cases;
- Being sick and in receipt of SSP during your pregnancy could affect whether or not you qualify for Statutory Maternity Pay (SMP) when you leave work to have your baby. This is because your entitlement to SMP depends on the level of your earnings during your pregnancy.

If your earnings fall below the "lower earnings limit" for the relevant period (e.g. because you are off sick and in receipt of SSP), this may mean you do not qualify for SMP during your maternity leave, (although you may be able to claim Maternity Allowance);

- If you are signed off sick for a pregnancy related reason at any time after the beginning of the fourth week before your expected week of childbirth, your maternity leave will automatically be triggered, irrespective of when you intended to start it.

Maternity Certificate (MAT B1)

A doctor or registered midwife can complete the MAT B1 certificate at around 20 weeks. This is needed to claim Statutory Maternity Pay (SMP) or Maternity Allowance.

Antenatal care – you have the right to take reasonable paid time off for you antenatal care. All pregnant women have this right, no matter how many hours you work, or how long you have been in your job.

Antenatal care includes:

- Appointments with your midwife, GP or hospital doctor;
- Antenatal and parenting classes; and
- Relaxation classes.

Let your employer or their representative (manager) know as soon as possible as you can when you need time off with pay and how long you are likely to be away from the workplace.

Your employer cannot ask you to make the time up or change your normal working hours so that appointments fall out side of working time. To do so is unlawful.

Breastfeeding

Employers have a duty to enable their employees to continue breastfeeding once they have returned to work. You must notify your employer in writing as early as possible that you are breastfeeding. Your employer must then carry out another specific risk assessment and take the appropriate steps set out above.

Specific risks could include:

- Working with organic mercury;
- Working with radioactive materials;
- Exposure to lead.

Health and Safety Executive (HSE) guidance:

- The health and safety regulations do not put a time limit on breastfeeding; it is for the women themselves to decide how long they wish to breastfeed, depending on individual circumstances;

- Access to appropriate facilities for breastfeeding mothers to express and safely store breast milk at or near the workplace, may facilitate breastfeeding by working women, and may significantly protect the health, safety and welfare of both mother and infant;

Protect measure include:

- Access to a private room where women can breastfeed or express breast milk,
- Use of secure, clean refrigerators for storing expressed breast milk while at work, and facilities for washing, sterilising and storing receptacles,
- Time off (without loss of pay or benefits and without fear of penalty) to express milk or breastfeed.

Model letter to an employer

Dear

RE: Pregnancy Risk Assessment

I am writing to inform you that I am pregnant and my baby is due on the

I understand that as I have informed you of my pregnancy I have the right to a personal and specific risk assessment, carried out by a competent person in accordance with The Management of Health and Safety at Work Regulations 1999.

I also understand that you should regularly review my initial risk assessment as my pregnancy progresses, to take into account possible risk that may occur during the different stages of my pregnancy.

I would like you to arrange to see me and my GMB Trade Union Representative as soon as possible to conduct a risk assessment.

Yours sincerely

.....
Print name



Hazards which may affect the health, safety and welfare of new or expectant mothers

The physical risks

Movement and postures – a variety of factors may be involved, including pace of work, rest breaks, suitability of work equipment and the work space itself. Hormonal changes during and after pregnancy can affect ligaments, increasing the chances of injury.

- Standing may lead to dizziness, faintness or fatigue; it can contribute to an increased risk of premature childbirth and miscarriage;
- Sitting for long periods increases the risk of thrombosis. Back pain can be associated with long periods of sitting and standing; and
- Confined space may lead to awkward postures and strain or sprain injuries particularly in the latter stages of pregnancy.

Manual Handling - pregnant workers are especially at risk from manual handling injuries due to hormonal changes. Postural problems may increase as the pregnancy progresses. There can be risks of those who have recently given birth, e.g. Caesarean section. Breastfeeding mothers may experience discomfort due to increased breast size and sensitivity.

Shocks, jolts and vibrations - regular exposure to these e.g. driving or riding in off-road vehicles, or excessive movement, may increase the risk of miscarriage.

Noise - prolonged exposure to loud noise may lead to increased blood pressure or tiredness. There is some evidence that noise exposure during pregnancy may lead to low birth weight or damage a baby's hearing.

The biological agents

Infectious diseases - many biological agents can affect the unborn child if the mother is affected during pregnancy, or through breastfeeding or close physical contact. Examples are:

- **Hepatitis B** - is the most common serious liver infection in the world. It is thought to be the leading cause of liver cancer;
- **HIV** (the AIDS virus) - HIV has killed millions of people worldwide, and infected many more since it was first identified as a threat to public health more than 20 years ago. The virus is transmitted from person to person through blood and some other bodily fluids such as semen, vaginal secretions and breast milk;
- **TB** - There has been a resurgence of tuberculosis around the world; a disease of the respiratory system is now the biggest killer of women, according to new research from the World Health Organisation. Women of childbearing age between the ages of 15 and 44 are more likely than men of the same age to fall sick with the disease;
- **Syphilis** - The infection can be cured by antibiotics. However, if the disease is left untreated, it can eventually affect the brain or heart, and lead to death; the condition is especially significant in women in pregnancy where infection can cause miscarriage, still birth, or a damaged baby;
- **Chickenpox** - Is a primary infection (that is, the first time you've had the infection) can cause serious illness and even death in a pregnant woman, and either a condition known as congenital varicella syndrome or varicella infection (chickenpox) in the baby;
- **Rubella** - is caused by a virus that's spread by droplets inhaled into the respiratory tract. It only causes a mild illness in children, but if a woman contracts rubella during pregnancy it can endanger her unborn child.

Note that these agents listed above are not comprehensive lists.

In certain occupation exposure to infections is more likely. For example:

- Laboratory work;
- Health care;
- Looking after animals;
- Dealing with meat products

Chemical agents

Chemical agents may enter the body through three different pathways:

1. **Inhalation** – entry route through the upper respiratory tract;
2. **Ingestion** – entry route through the stomach; and
3. **Absorption** – entry route through cuts and abrasions in the skin.

During pregnancy particular care should be taken to guard against skin absorption by using engineering control measures, enclosed processes etc) and where possible and also by using personal protection (gloves, lab coats, face-shields etc.) as an additional precaution.

There are a number of substances that may cause harm to the pregnant and/or nursing mother and the unborn child. Other substances which could have adverse effects on the unborn child include:

- Mercury and mercury derivatives;
- Antimitotic drugs;
- Some pesticides; and
- Carbon monoxide.

Carcinogens, Teratogens and Mutagens Some substances may be labelled with standard risk phrases which indicate that a particular hazard is associated with the material. Materials which should carry such labelling are listed in the approved list for supply issued under the Chemicals (Hazard Information and Packaging) Regulations. Currently there are about 200 such substances.

The standard risk phrases may be found on the container label or on the material safety data sheet for the substances. The wording that corresponds to these phrases is as follows:

- R40: Possible risk of irreversible effects;
- R45: May cause cancer;
- R46: May cause heritable genetic damage;
- R61: May cause harm to the unborn child;
- R63: Possible harm to the unborn child;
- R64: May cause harm to breastfed babies; and
- R49: May cause cancer by inhalation.

Antimitotic (cytotoxic) drugs – these drugs are used in cancer chemotherapy and have the ability to arrest the multiplication of living cells. They achieve this by interfering with the essential functions of the cell, especially those involving cell division and can, in the long term cause damage to the sperm and egg cells. Some can cause cancer. Occupational exposure is usually by inhalation or absorption through the skin. These substances are exempt from the normal labelling requirements because they are drugs. Those who are trying to conceive a child, are pregnant or breastfeeding, should avoid exposure to such materials.

Carbon monoxide – pregnant women should avoid working in an atmosphere where there is a high concentration of carbon monoxide (CO). Carbon monoxide readily crosses the placenta and may result in adverse effects on the foetus. High levels may be found in vehicle repair workshops or other areas where internal combustion engines are run without adequate local extract ventilation (LEV).

Working conditions

Facilities

- Rest (both physical and mental) is important for new and expectant mothers;
- Easy access to toilets (and associated hygiene facilities) is essential, to protect against significant risk of infection and kidney disease;

- Need access to appropriate storage facilities for breastfeeding mothers to safely express and then store breast milk.

The culture of long working hours - irregular and late shifts and night work can have a significant detrimental effect on the health of pregnant women and can disrupt breastfeeding.

Occupational stress – new and expectant mothers can be vulnerable to stress because of hormonal, physiological and psychological changes which occur during and after pregnancy. Additional stress may occur if a woman is anxious about her pregnancy or its outcome.

Extremes of cold and heat - pregnant women are less able to tolerate heat or extreme cold; exposure to sudden changes in environmental temperatures can increase the risks.

When **working alone** pregnant women may need access to communication equipment in case they need urgent medical attention.

Working at height such as on ladders or working platforms is extremely hazardous for pregnant women.

Work-related violence – or the fear of violence can increase the risk of miscarriage, premature birth and problems with breastfeeding.

Work equipment and personal protective equipment – is not generally designed with pregnant women in mind. Physical changes may make it uncomfortable to wear or it may not provide the intended protection.



Health and safety at work for pregnant and new mothers:

Risk assessment checklist

MOVEMENT AND POSTURES	YES	NO	ACTION BY EMPLOYER
Is it necessary to stand for long periods without an adequate rest period?			
Is it necessary to sit for long periods with out an adequate break?			
Is there enough space for movement as pregnancy progresses?			
Does the equipment or workspace need to adjust to fit the needs of the worker?			
Is awkward twisting or stretching involved in the work?			
Does the work involve a lot of climbing up and down stairs, steps or ladders?			
Does the work involve carrying items up and down stairs, steps or ladders?			

MANUAL HANDLING	YES	NO	ACTION BY EMPLOYER
Is there strenuous lifting involved?			
Is there lifting of objects which are difficult or awkward to hold?			
Is there awkward lifting involved – twisting?			
Is there awkward lifting involved – stooping?			
Is there awkward lifting involved – stretching?			
Is there repetitive work or movement?			

SHOCKS, JOLTS AND VIBRATIONS	YES	NO	ACTION BY EMPLOYER
Are there any tasks involving whole body vibration e.g. fork-lift trucks?			
Is there any danger of falling objects?			
Is there any driving or riding off-road vehicles?			

NOISE	YES	NO	ACTION BY EMPLOYER
Are pregnant or breastfeeding women subject to noise levels exceeding the Noise at Work Regulations 2005?			

BIOLOGICAL AGENTS & INFECTIONS	YES	NO	ACTION BY EMPLOYER
Is there any danger from bacteria and viruses e.g. raw meat?			
Is there any danger from bacteria and viruses e.g. fish?			
Is there any danger from bacteria and viruses e.g. other foodstuffs?			
Is there any danger from bacteria and viruses e.g. unpasteurised milk?			
Is there any danger from bacteria and viruses e.g. dairy products?			
Is there any danger from bacteria and viruses e.g. dirty toilets?			
Is there any danger from bacteria and viruses e.g. infested storage?			
Is there any danger from hepatitis B?			
Is there any danger from HIV (the AIDS virus)?			
Is there any danger from TB?			
Is there any danger from Chickenpox?			
Is there any danger from rubella?			
Is there any danger from toxoplasmosis?			
Is there any danger from any other animal virus?			

CHEMICAL SUBSTANCES – COSHH 2002	YES	NO	ACTION BY EMPLOYER
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R40: Possible risk of irreversible effects?			
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R45: May cause cancer?			
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R46: May cause heritable genetic damage?			
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R61: May cause harm to the unborn child?			
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R63: Possible harm to the unborn child?			

CHEMICAL SUBSTANCES – COSHH 2002	YES	NO	ACTION BY EMPLOYER
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R64: May cause harm to breastfeeding babies?			
Are there any chemical substances involved at the workplace which are known to be a risk e.g. R49: May cause cancer by inhalation?			
Does the work involve handling chemical substances e.g. spillages or residues?			
Does the work involve handling chemical substances e.g. contaminated products and/or materials?			
Does the work involve handling chemical substances e.g. surfaces and equipment?			
Are there any fumes present e.g. unloading dry cleaning machines			
Are there any substances in use which could have adverse effects on the unborn child e.g. mercury and/or mercury derivatives?			
Are there any substances in use which could have adverse effects on the unborn child e.g. antimitotic drugs?			
Are there any substances in use which could have adverse effects on the unborn child e.g. some pesticides?			
Are there any substances in use which could have adverse effects on the unborn child e.g. carbon monoxide?			
Are there any substances in use which could have adverse effects on the unborn child e.g. solvents?			

EXTREMES OF COLD AND HEAT	YES	NO	ACTION BY EMPLOYER
Does the work involve exposure to temperatures which are uncomfortably cold or hot?			
When the weather is hot is it possible for priority to be given to a pregnant women to have extra rest and early finish?			
Are there arrangements for frequent breaks and access to hot/cold drinks?			

WORKING CONDITIONS	YES	NO	ACTION BY EMPLOYER
Is there somewhere quiet for pregnant workers to Rest?			
Are they given easy access to toilets with associated hygiene facilities?			
Are they allowed more frequent breaks than other workers, if needed?			
Is there a clean, private area for breastfeeding workers to express breastmilk?			
Is there somewhere safe for them to store expressed breastmilk?			
Is the job one which is perceived to have a high risk of violence (e.g. Security work, Single staffing)?			
Is help and support easy to access if working alone or if threatened or abused by customers?			

WORKING HOURS	YES	NO	ACTION BY EMPLOYER
Is the pregnant women expected to work long hours/overtime?			
Does the pregnant worker have some flexibility or choice over her working hours?			
Does the work involve very early starts or late finishes?			
Does the work involve night work?			

OCCUPATIONAL STRESS	YES	NO	ACTION BY EMPLOYER
Are there tasks which are known to be particularly stressful, e.g. dealing with customers complaints, handling cash especially at night?			
Has the individual risk assessment taken into account any concerns the pregnant worker has about her own pregnancy?			
Is the pregnant worker aware of what to do if she feels she has been bullied or victimised?			

WORK EQUIPMENT AND PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	ACTION BY EMPLOYER
Is essential protective clothing provided in suitable sizes?			
Are an obligatory uniforms provided in maternity sizes?			
Are the materials comfortable for the pregnant worker to wear?			