

Greenshaw Learning Trust

Maternity Policy

This Greenshaw Learning Trust (GLT) Policy applies to the Greenshaw Learning Trust as a whole and to all the schools and service units in the Trust, in accordance with and pursuant to the Human Resources Policy of the Greenshaw Learning Trust.

The Greenshaw Learning Trust is the single employer of all members of staff within the Trust's schools and in the Trust central service.

It is the responsibility of the local governing body and Headteacher of each school in the Trust, and of the Board and the CEO for Trust central services, to ensure that this Policy and associated Procedures are adhered to.

In implementing this Policy and associated Procedures the local governing body, Headteacher and school and Trust central service staff must take account of any advice given to them by the GLT Head of HR, the CEO and Board of Trustees. If there is any question or doubt about their interpretation or implementation, the GLT Head of HR should be consulted.

Approval and review:

The responsible officer is the GLT Head of HR.

This Policy was agreed by the Board of Trustees on 20th December 2019.

This Policy will be reviewed annually.

The Greenshaw Learning Trust is a charitable company limited by guarantee registered in England & Wales, company number 7633694, registered at Greenshaw Learning Trust, Grennell Road, Sutton, Surrey, SM1 3DY.

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Form A – Request for Maternity Leave

Form B – Return to work after maternity leave

Form c – Risk Assessment for New and Expectant Mothers

1. Introduction

This policy seeks to clarify your position as a pregnant employee within the Greenshaw Learning Trust. It provides you with information about the Trusts maternity leave schemes and statutory maternity entitlements.

This policy will apply to all GLT employees, however where an employee has enhanced entitlements protected under TUPE regulations, these will be adhered to.

2. Review and approval

This Policy and associated procedures will be reviewed regularly in line with changes to legislation.

Before implementing changes in employment policies and procedures and working and organisational arrangements the Trust will, where appropriate, undertake consultation and negotiation with Trade union representatives through the JCNC.

3. Responsible persons

The person responsible for this policy is the GLT Head of HR:

- **Jenny Cain. Email: jcain@greenshaw.co.uk; telephone: 020 8715 1078.**

The following people will provide guidance and advice on all procedures outlined within this policy:

- **GLT HR Advisors: Stone King**
Email: lisasaggers@stoneking.co.uk; telephone: 020 7324 3327.

Each school in the Trust will designate a School HR Lead who will be the primary point of contact for staff within the school raising HR matters and for liaison with the GLT Head of HR with regard to HR matters in the school. For the central Trust team, the GLT HR Systems Manager will act as the HR Lead.

Responsibility for the implementation of this Policy in a school in the Trust has been delegated to the Headteacher of the school. Responsibility for the implementation of this Policy in the Trust central service has been delegated to the GLT CEO. (Subject to the GLT Scheme of Delegation and any specific Scheme or alteration or restriction to the Scheme placed on the school or service.)

4. Associated Policies, Procedures and Legislation

The following Trust policies and procedures are directly related to and complement this Policy:

- GLT Equalities Policy
- GLT Paternity Policy
- GLT Adoption Leave and Early Permanence Policy
- GLT Additional Leave Policy
- GLT Flexible working Policy
- GLT Managing Sickness Absence Efficiently

This Policy was also written, in compliance with:

- The Shared Parental Leave Regulations 2014

- The Shared Parental Pay (General) Regulations 2014
- The Maternity and Adoption Leave (Curtailed of Statutory Rights to Leave) Regulations 2014
- Employment Rights Act 1996
- Child and Families Act 2014
- Equality Act 2010

5. When you find out you are pregnant

Employees are asked to inform their Headteacher/Line Manager/HR Manager of their pregnancy as is reasonably practical. The information will be treated in the strictest confidence; however, it would be helpful to provide the following information as soon as you possibly can:

- When the expected week of childbirth will be
- When you are intending for your maternity leave to start (this can change as long as 28 days' notice is given if not due to pregnancy related illness)

When you are approximately 20 weeks pregnant your doctor or midwife will give you a maternity certificate, form MATB1, which shows the week it is expected that your baby will be born.

Once you receive your MAT B1 certificate you must pass it onto HR. This will confirm your expected week of childbirth (EWC). You will also need to confirm in writing when you intend to commence maternity leave providing at least 21 days' notice. The earliest start date for you to commence your maternity leave is 11 weeks before your expected week of childbirth.

Once you have informed your Headteacher/Line Manager/HR Manager of your intention to take maternity leave you will be notified of the date that they would expect you to return to work.

6. Health and Safety

The Trust has a duty to take care of the health and safety of all employees therefore the school will complete a risk assessment to assess the workplace risks to you during and after your pregnancy:

- Where you have recently given birth or are breastfeeding;
- Where the work is of a kind that could involve a risk of harm or danger to your health and safety;
- Where the health and safety of your baby and the risk arises from either process, working conditions or physical, chemical or biological agents in the workplace.

Further advice may be sought from Occupational Health to enable appropriate support during the course of your pregnancy. The risk assessment will be reviewed throughout your pregnancy and when you return. If a risk is identified and could place either yourself or your baby at risk then arrangements will be made to remove the risk or, if this is not possible, your duties may be reorganised or you may be relocated for a temporary period. The risk assessment will be completed in consultation with the employee.

Form C – Risk Assessment for New and Expectant Mothers

7. Ante-Natal Care

All pregnant employees, regardless of their length of service or hours of work, are eligible for paid time off for ante-natal care including Hospital/ Doctor's appointments and childbirth classes where these cannot be arranged outside of working hours.

In accordance with the GLT Additional Leave Policy, pregnant employees should provide the Headteacher/Line Manager reasonable advance warning of their need for time off for this purpose and if requested by your Headteacher/ Manager you should produce evidence of your appointments. If possible, appointments should be made at the beginning and the end of the working day.

8. Your right to maternity leave

All employees are entitled to 52 weeks statutory Maternity leave. This is made up of 26 weeks ordinary maternity leave and 26 weeks additional maternity leave and is taken in one continuous period. Two weeks from the date of childbirth will be compulsory maternity leave.

9. If your baby arrives earlier than expected

If your baby is born before the date you have notified your Headteacher/Line Manager/HR Manager (or before any notification), the maternity leave period starts automatically, and you must notify the Trust as soon as possible.

10. Pregnancy related sickness

If you are absent from work due to a pregnancy related reason during the 4 weeks before your EWC, your maternity leave will start automatically regardless of when you have actually stated you wish the maternity leave to start. In this situation you will not receive sick pay whilst in the maternity pay period.

11. Stillbirth and Miscarriage

Childbirth' is defined as a live birth or a still birth after 24 weeks of pregnancy.

If the baby is still born after the end of the 24th week of pregnancy you will receive the national contractual maternity entitlement. Maternity leave and pay will apply.

If you miscarry before the end of 24 weeks of pregnancy your absence from work will be regarded as sickness absence and will be paid in accordance with sickness entitlement.

12. Your Entitlement to Maternity Pay

To qualify for **Statutory Maternity Pay** you must have been continuously employed by your current employer for 26 weeks before 15th week before the expected week of childcare (the qualifying week), still be employed by them at that time and earn on average an amount which at least equals the lower earnings limit at the end of the qualifying week.

To qualify for **Occupational Maternity Pay** you must have completed one year’s continuous service at the beginning of the 11th week before the expected week of childbirth. These payments are made from the first day of your statutory maternity leave.

13. Less than 1 Year Continuous Local Government Service

Employees with less than one year of continuous local government service at the beginning of the 11th week before EWC will be entitled to receive Statutory Maternity Pay (SMP). This payment is for 39 weeks. The amount currently payable for SMP is £148.68.

14. If you do not qualify for SMP

You will be given a form SMP1 “*Why I cannot pay you SMP*” and this must be sent to your Benefits Agency Office. You may be entitled to Maternity Allowance (MA) from the Department of Social Security (DSS). You will still need to forward your MATB1 to the HR Manager.

15. More than 1 years’ service but not returning to work after maternity leave

Employees who have completed at least one year’s continuous local government service at the 11th week of EWC who do not intend to return to work are entitled to Statutory Maternity Pay (SMP), subject to the qualifying conditions. This will be paid as 4 weeks full pay and 2 weeks at 9/10ths pay, followed by a further 33 weeks’ pay at basic rate SMP.

16. More than 1 years’ service and intending to return to work

Employees with one year’s continuous local government service at the beginning of the 11th week before their EWC are entitled to SMP and Occupational Maternity Pay as long as they return to work for 13 weeks following their maternity absence.

17. Occupational Maternity Pay

Occupational Maternity Pay is paid in addition to your SMP entitlement and is 12 weeks of half pay (6 weeks full pay equivalent), which can be paid over a longer period of time if this is wished.

You will need to confirm on **Form A** how you want to receive your maternity pay in writing to the Headteacher as soon as possible using the form in this guide.

Statutory Maternity Pay	Occupational Maternity Pay	Total Pay
2 weeks at 90% 33 weeks at £151.20*	4 weeks at 100% 12 weeks at ½ pay	4 weeks at full pay 2 weeks at 90% 12 weeks at ½ pay 33 weeks at £151.20*

***Rate correct at time of publication**

Please note – Occupational Maternity pay is payable on the condition that the teacher returns to work for a period of at least 13 weeks (or part time equivalent). Failure to return to work may result in the

employee having to repay the 12 weeks at half pay they have received. Employees are entitled to keep the first 6 weeks payment and do not have to refund any SMP payments received.

If you were working full-time prior to maternity leave, then you are required to complete the equivalent of 13 weeks full time service on your return to teaching. If you were working part time prior to maternity leave you are required to complete the equivalent of 13 weeks service on that part time basis.

Please contact the GLT Head of HR for further advice on the repayment of OMP.

18. Pension Contributions

During your period of paid ordinary maternity leave, pension contributions based on actual salary will be deducted. Your period of unpaid additional maternity leave will be treated as excluded days by the Teachers' Pension Agency. If you wish to have this unpaid period treated as reckonable service for superannuation purposes you can choose to pay superannuation contributions but you will need to ask for a leaflet 721 'Payment of Combined Contributions During a Period of Absence from Pensionable Employment.

19. Maternity Leave

All employees are entitled to 52 weeks **statutory maternity leave**. This is made up of 26 weeks **ordinary maternity leave** and 26 weeks **additional maternity leave** and is taken in one continuous period. Two weeks from the date of childbirth will be compulsory maternity leave.

To benefit from this scheme, you must tell your Personnel Manager;

- a) that you are pregnant; and the expected week of childbirth;
- b) the date you intend to start your maternity leave. This date can be altered provided you give 28days' notice, in writing.

The earliest date that you can start your maternity leave is the beginning of the 11th week before the expected week of childbirth. You may commence your maternity leave / benefits any day of the week. You can choose to start your maternity leave later than this provided you comply with (b) above.

The HR Manager must respond to your notice of intention to take maternity leave, in writing, within 28 days, informing you of the date you will be expected to return to work following your maternity leave.

Your maternity leave will start automatically if you are absent from work because of a pregnancy related illness during the four weeks before the expected week of childbirth, as well as by the birth of the baby. In these circumstances your maternity leave will start on the day after the first day of absence, or after the day of the birth, regardless of when you have said you want to start your maternity leave.

20. Returning to work after maternity leave

If you intend to return to work on the date given to you by the Trust, you are not required to give any further notice of this. However, if you wish to return to work before the end of your maternity leave you are required to give 21 days' notice to your Headteacher of the date that you want to return. It is helpful

if you are able to give more notice than this, particularly where a temporary member of staff is covering your post.

Please complete Form B

21. Right to return to your job

If you return to work after Ordinary Maternity Leave you are entitled to return to the same job on the same terms and conditions of employment as if you had not been absent, unless a redundancy situation has arisen, in which case you are entitled to be offered a suitable alternative vacancy.

If you return to work after Additional Maternity Leave you are entitled to return to the same job on the same terms and conditions of employment as if you had not been absent, unless there is a reason why it is not reasonably practicable for you to return to your old job, in which case you should be offered a similar job on terms and conditions which are no less favourable than your original job.

22. If you do not wish to return to work after maternity leave

If you decide not to return to work you can resign at any time, either before you finish work or after your baby is born, or you can wait until the end of the maternity period without affecting your statutory maternity pay. However, if you have been in receipt of occupational maternity pay (OMP) you may need to repay this amount.

23. If you are unable to return to work due to sickness

If you are unable to return to work on the expected day due to sickness, the absence will be managed in accordance with the GLT Managing Sickness Efficiently Policy.

24. Flexible Working

If you wish to return to work after maternity leave, on a different working pattern, you have a right to request a variation of your contract under the Flexible Working Regulations 2014.

You will need to follow the process as set out in the GLT Flexible Working Policy.

25. Working during maternity leave / Keeping in Touch (KIT) days

Employees can agree to work for up to a maximum of 10 days during their maternity leave under their normal contract of employment. Any amount of work done on a KIT day counts as one KIT day from the 10 days allowed.

KIT days are optional and can take place as long as the employee and the Trust have agreed for this to happen and agreement has been reached on what work will be undertaken during this time. Each KIT day and the work to be undertaken must be approved in advance by your Headteacher/Line Manager. The type of work may be normal, day to day activity to assist the return to work process, enabling attendance at a conference, undertaking a training activity or attending a team meeting for example.

KIT days do not need to be worked as consecutive days and may be worked at any time during the maternity leave except during the two weeks immediately after the birth of the child. In counting the number of KIT days worked, part of a day will count as a whole day. KIT days are paid at your normal daily rate.

If you are still receiving statutory maternity payments (SMP) at the time of the KIT days, you will continue to receive this as normal. Payment for KIT days will not exceed full pay and you cannot be paid more than one day's pay - this applies if you work a KIT day when you are still in receipt of full pay via your maternity pay. If your maternity pay has reduced to half plus SMP, your pay will be increased up to your normal rate when a 'Keeping in Touch' day is used, which means you will be paid for half a day at your daily rate in addition to your SMP. If you are in the unpaid period of maternity leave, your normal rate will be processed in this event. This arrangement only applies to KIT days.

Maternity leave start and end dates are not affected by KIT days as these form part of the whole maternity leave package and can only be taken during maternity leave.

KIT days are non-pensionable.

Whilst you are on Maternity leave there should be reasonable contact should be maintained between the employee and the Trust/school. This does not constitute work and will not count towards your 10 days.

26. Fertility Treatment

Although there is no statutory right for employees to take time off work for fertility treatment, the Trust will treat medical appointments related to fertility treatment in the same way as any other medical appointment.

The Trust may also agree to flexible working arrangements or a combination of paid, unpaid, or annual leave during the treatment.

Sometimes employees may not be able to work because of the effects of IVF treatment. In many cases, they will be given a fit note by their GP saying they are sick. In other circumstances, they may self-certificate their absence for up to seven days.

Where absences during the 'protected period' result from the effects of IVF treatment, employers:

- must not count the absences as part of something that triggers an absence management process
- must not use them for disciplinary purposes
- should keep records of these absences separate from other types of absence.

Please refer to the GLT Additional Leave Policy for further information.

REQUEST FOR MATERNITY LEAVE (FORM A)

To: (Headteacher/Line Manager)

From: (Employee)

Job title:

Location:

I wish to begin my maternity leave on:

I intend to resume work following maternity leave. I understand that this is not binding, should I later change my mind and wish to resign, but at present I wish a job to be held open for me.

I attach my MATB1 / I will send my MATB1 in due course (please delete as applicable)

If you are entitled to receive Occupational maternity pay and intend to return to work, please delete as applicable *

*** Please pay my occupational maternity pay during my maternity leave**

*** Please hold my occupational maternity pay until I return from maternity leave**

Signed:

Date:

For HR to complete

Please sign below acknowledging receipt of this form and MATB1 confirming the employee's pregnancy and maternity leave request.

Pass the form and a copy of the MATB1 to payroll for the maternity payment schedule to be processed.

Sign:

Print Name:

Date:

RETRUN TO WORK AFTER MATERNITY LEAVE (FORM B)

To: (Headteacher/Line Manager)

From: (Employee)

Job title:

Location:

I wish to return to work on:

(insert day/month/year)

I wish to extend my maternity leave beyond my previously agreed date.

I now wish to return on...../...../..... (Insert day/ month/year).

(You must give the required amount of notice if you are returning to work earlier than originally agreed)

Signed:

Date:

For Headteacher to complete

Please sign below acknowledging receipt and agreement of this application. Notify HR, who will confirm arrangements, in writing with the employee.

Signed:

Print Name:

Date:

Form C - Risk assessment for New and Expectant Mothers

Section A

Name:	Department:	Tel no.:
Location:	Job title:	
Manager:	Tel no.:	
Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>		
Brief job description/duties:		
Hours of work		
General health status		
Special health needs		
Date pregnancy notified		
Estimated date of confinement		
Form MAT B1 received		
Date of assessment		
Assessor's name and title		

Section B

Please complete section C and highlight main risks below

Overall assessment of risk is: HIGH MEDIUM LOW

Signature of employee

Date

Signature of assessor

Date

This assessment is to be reviewed the week commencing:

Risk assessment for New and Expectant Mothers- Review sheet

1st review

Date of review	Additional findings/changes to initial assessment	Required actions	Action by (state whom and when)

Overall assessment of risk is: HIGH MEDIUM LOW (tick as required)

Name of assessor

Job title

Signature of assessor

Date

Signature of employee

Date

Date of next review

Continue for further reviews

Examples of Risks and the appropriate measures that can be put in place.

Section C

1.1 Movements and postures				
What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
<p>Standing Continuous standing during the working day may lead to dizziness, faintness and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.</p>	Yes	Where appropriate, introduce or adapt work equipment, alter storage arrangements or redesign workstations or job content.	Currently has the opportunity to alternate between standing and sitting.	Check chair and DSE set up
<p>Sitting Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. 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.</p>		Pregnant women should avoid long periods spent standing or sitting without regular exercise or movement to maintain healthy circulation.		
<p>Prolonged work, poor working posture and excessive movement may also cause backache.</p>		The opportunity to alternate between standing and sitting should be provided. If this is not possible additional breaks should be provided.		
<p>Confined space It is hazardous working in confined workspaces, or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, co-</p>	Yes		Check room lay out – cables/trip hazards	

ordination, speed of movement, reach and balance may also be impaired.		Good housekeeping should be maintained with no trailing cables or obstructions on access routes. Areas between desks to be kept clear.		
Slips, trips and falls Difficulty in seeing the floor may lead to increased likelihood of slips, trips and falls	Yes			

1.2 Manual handling				
What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Pregnant workers are especially at risk from manual handling injury. For example, hormonal changes can affect the ligaments, increasing susceptibility to injury; and postural problems may increase as the pregnancy progresses.	Yes	Manual handling risk assessment is covered in the H&S Manual A revised risk assessment may show that manual handling tasks can be reduced for everyone by an adjustment to the nature of the task.		
There can also be risks for those who have recently given birth, for example after a Caesarean section there is likely to be temporary limitation on lifting and handling capability.	No	If not, the specific needs of the new or expectant mother need to be addressed by, for example, reducing the amount of		

Breastfeeding mothers may experience discomfort due to increased breast size and sensitivity.	No	physical work she does or by providing aids for her.		
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1.3 Shocks and vibration

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
<p>Regular exposure to shocks and low frequency vibration, for example driving or riding in off-road vehicles, or excessive movement may increase the risk of a miscarriage.</p> <p>Long-term exposure to whole body vibration does not cause abnormalities to the unborn child but there may be an increased risk of prematurity or low birth rate.</p>	No	New or expectant mothers should avoid exposure to uncomfortable whole-body vibration, especially at low frequency or where the abdomen is exposed to shocks or jolts.		

1.4 Noise

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
There appears to be no specific risk to new or expectant mothers though prolonged exposure to loud noise may lead to increased blood pressure and tiredness.	No	Risk assessment under the requirements of the Noise at Work Regulations 1989 should be carried out.		

1.5 Ionising radiation

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Cosmic radiation (for example, from the sun) may affect frequent flyers. Use of radioactive substances may pose a risk to the unborn child if significant amounts are ingested or inhaled.	No	Work with radioactive substances should be discontinued.		

1.6 Biological agents of hazard groups 2, 3 and 4

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Examples include hepatitis B, HIV, herpes, TB, chickenpox, and typhoid.	No	For most workers, the risk of infection is not higher at work than from elsewhere. Where, however, exposure to the risk of being bitten by, for example, an infected pupil is present work should be discontinued. Risks are also greater in health care provision.		

1.7 Chemical agents

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Substances labelled R40, R45, R46, R49, R61, R63, R64 and R68 may cause harm to either the expectant mother or the unborn child.	No	A specific COSHH assessment must be made and, if exposure is likely, substitution of the substance should be considered.		
Carbon monoxide is produced when petrol, diesel and liquefied petroleum gas are used as a source of power in engines and in domestic appliances. Pregnant women may have a heightened sensitivity to the effects of exposure.		Vehicles must not be used in enclosed areas unless absolutely essential, in which case pregnant workers should not be allowed access.		

1.8 Working hours

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding. Generally, both mental and physical fatigue increases during pregnancy and in the	Yes	Working hours may need to be adjusted temporarily, as well as other working conditions, including the timing and frequency of rest breaks.		

postnatal period due to various physiological and other changes taking place.		Alternative work may need to be provided.		
<p>Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts, night work or overtime.</p> <p>Because of changes in blood pressure which may occur during and after pregnancy and childbirth, normal patterns of breaks may not be adequate for new or expectant mothers.</p>	Yes			

1.9 Facilities

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
<p>Resting facilities Tiredness increases during and after pregnancy and may be exacerbated by work-related factors. The need for rest is both physical and mental.</p>	Yes	Access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance, at appropriate		

<p>Hygiene facilities Increased risks to health and safety, including significant risks of infection and kidney disease. Because of pressure on the bladder and other changes associated with pregnancy, pregnant women often have to go to the toilet more frequently and more urgently than others.</p> <p>Breastfeeding women may also need to do so because of increased fluid intake to promote milk production.</p>	<p>Yes</p>	<p>intervals should be provided. Access to clean drinking water should also be available.</p> <p>Rules may need to be relaxed to allow expectant and nursing mothers to leave their workstation/activity at short notice.</p>		
<p>Storage facilities Obstacles to breastfeeding in the workplace may significantly affect the health of both mother and child.</p>	<p>No</p>	<p>Protective measures include:</p> <ul style="list-style-type: none"> • 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 to express milk or breastfeed. 		

1.10 Occupational stress

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
<p>New and expectant mothers can be particularly vulnerable to occupational stressors, for various reasons:</p> <ul style="list-style-type: none"> • hormonal, physiological and psychological changes occur; • financial, emotional and job insecurity may be issues; • it may be difficult to organise work and private life. <p>Additional stressors may occur due to a woman’s anxiety about the pregnancy, or about its outcome.</p> <p>Stress has been associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired breastfeeding.</p> <p>Women who have recently suffered loss, for example through stillbirth or miscarriage, or trauma associated with pregnancy or childbirth will be especially vulnerable to stress.</p>	<p>Yes</p>	<p>Known organisational stressors need to be taken account of together with the particular psychosocial factors affecting the individual woman.</p> <p>Protective measures may include adjustments to working conditions or working hours, and ensuring that the necessary understanding, support and recognition is available when the woman returns to work, while her privacy is also respected.</p>		

1.11 **Extremes of heat and cold**

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
<p>There is a greater risk to pregnant workers of heat stress due to prolonged exposure to hot environments. Breastfeeding may be impaired by heat dehydration.</p> <p>Working in extreme cold may be a hazard for pregnant women and their unborn child.</p> <p>The risks are particularly increased if there are sudden changes in temperature.</p>	Yes	<p>Adequate rest and refreshment breaks should be provided alongside unrestricted access to drinking water.</p> <p>New and expectant mothers should note that thirst is not an early indicator of heat stress. They should drink water before they get thirsty, preferably in small and frequent amounts.</p>		

1.12 **Work with display screen equipment**

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
<p>Anxiety existed about radiation from VDUs but HSE has consulted NRPB who have advised that levels of ionising and non-ionising radiation from VDUs is well below the recommendations for limiting risk to human health.</p>	Yes	<p>In the light of scientific evidence there is no need for pregnant women to stop using a VDU. However, where concern still exists the Occupational Health and Safety Unit may be</p>		

Outcomes of DSE assessment show inadequate control.		approached for an update on any new information. A specific DSE assessment should be carried out to ensure workstation and workplace suitability.		
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1.13 Working alone

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Pregnant women are more likely to require urgent medical attention.	Yes	Communication systems may need to be revised and a specific risk assessment should be carried out.		

1.14 Work at height

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Risk of falls	No	The specific risk assessment should be revisited, and the increased risks evaluated and controlled. In general, pregnant workers should not work from ladders or access platforms.	N/A – no risk	N/A – no risk

1.15 Travelling				
What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Travelling in the course of work or to and from work, can be problematic and involve risks including fatigue, vibrations, stress, static posture, discomfort and accidents.	Yes	Check under specific headings of this document for measures to reduce these risks.		

1.16 Work related violence				
What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
New and expectant mothers, particularly where in contact with customers and clients, may be exposed to violence. This could lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed.	Yes	<p>Measures to reduce the risk include:</p> <ul style="list-style-type: none"> • providing adequate training and advice to staff; • improving the design and layout of the workplace (e.g. security screens); • changing the design of the job (e.g. does face to face contact have to take place? Use of telephone). 	<p>Teaching staff are well trained on how to manage difficult/challenging behaviours and to diffuse situations that could become violent.</p> <p>A senior member of staff is 'on call' at all times to intervene should a situation deteriorate.</p>	

		If the risk cannot be significantly reduced new and expectant women should be found suitable alternative work.		
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1.17 Work equipment and PPE

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Work equipment and personal protective equipment is not generally designed for use by pregnant women. Physical movement may be impaired, and PPE may not fit comfortably.	No	Suitable alternative equipment should be considered. If this is not possible than alternative work should be explored.		

1.18 Inappropriate nutrition

What is the risk?	Does the risk exist?	How to avoid the risk	Control measures in place	Further control measures required
Adequate and appropriate nutrition and liquid refreshment (especially clean drinking water) at regular intervals is essential to the health of the new or expectant mother and her child(ren). Appetite and digestion are affected by hormonal and physiological changes, including those resulting in or affecting “morning”	Yes	Breaks must be suitably arranged at the request of the individual. Protective measures must be taken to deal with these constraints, particularly with regard to the need for		

sickness, the position of the unborn child in the womb, the nutritional needs of the individual mother and her unborn child and her unborn or breastfeeding child(ren).		rest, meal and refreshment breaks, and to maintain appropriate hygiene standards.		
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